FIRST AID AND RESCUE WORK

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The Girl Guides Association Book of First Aid and Rescue Work

by
I. H. KAY

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1946
The Girl Guides Association
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READERS ARE ASKED TO NOTE:

This book is of Historical value and interest, but the contents may not necessarily apply to the Eight Point Programme

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FOREWORD

This book is written so that it can be used by Testers, Guiders, Rangers or Guides alike. It is hoped that of these the first two will find help in preparation before teaching and hints on practice and testing, and the last two will find the standard expected of them and what they need to learn.

First Aid is a very controversial subject; if anyone is interested in it at all they usually feel strongly. It is generally recognised that in many instances there are a variety of treatments and theories, many excellent ones, but it is unfortunately not possible to include them all in the scope of one book. Perhaps the exclusion of some may seem to be a mistake, but it is hoped that any serious omissions have been guarded against. The book has been read by many experts, so that assurance may be felt that the contents are sound and safe.

ACKNOWLEDGMENTS

The writer of this book wishes to express her thanks to those who have contributed to and advised her in its preparation; without their help this work could not have been attempted.

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INTRODUCTION

DANGER AHEAD—STAND TO!

A powerful policeman pushed back a fast-gathering crowd, firmly admonishing one particularly inquisitive woman with the remark: "Stand aside, Madam. This lady is a Guide, and Guides understand these things." This unsolicited testimonial so amazed the Guider concerned that she never forgot it. She was at that moment kneeling in the road doing her utmost to cope with an accident so serious that she was terrified lest she should not be doing the best thing possible in the circumstances. She was praying that the doctor might come quickly, realising that the man she was tending might die before he got there and that she might so easily make matters worse rather than better in her efforts to help him.

'Guides understand these things'—but DO WE? Many have acquired First Aid qualifications; some of us are up to the standard that is expected of us, but the facts are that the general public do assume that Guides have a sound working knowledge of First Aid, and that this is very often not the case.

Even if we ourselves dislike First Aid and all that it entails, we must realise that a person's life may be in the balance at any moment, and it may depend on our knowledge and resourcefulness. What are we to do about it?

One of the most important things to learn is what *not* to do, so that we do not make a simple injury more serious. We must never attempt to give treatment which we do not ourselves understand, but must send for help as quickly as possible, and in the meantime do our utmost to stop bleeding, hold a fractured limb still, cover a burn, and so forth. Let us not try to do too much but aim at being sure we can do the simple things well.

Often after observing results one cannot but feel that

First Aid could be both better taught and better tested. In teaching First Aid the groundwork is all important. For instance, in Second Class, has everyone picked up the idea of cleanliness? Such as using the inside of an envelope to cover a cut instead of a horrid grey bandage or grimy handkerchief pulled out of an overall pocket? Have they learnt the necessity of stopping bleeding quickly, and how to set about it? Are they competent to treat burns? Can they recognise a faint? How do they do their bandaging, and do they realise the purpose of what they are doing? For example, many Guides bandage a sprained ankle half way up the leg, leaving the ankle bone, which should be securely tied, completely uncovered, or else so loosely do they tie it that the other foot could almost be thrust into the bandage as well! Such treatment, giving no support to strained muscles, is useless and brings discredit on the teacher.

Again, for the treatment of shock, one has frequently seen a thin wrap draped across a person, leaving legs and arms exposed. This is useless. Numbers of people die through shock after injury. If all Guides knew how to treat shock and nothing else, they could be of real use at the scene of almost every accident.

In our Ranger Branch the training for emergencies means the training of the individual so that she may be able to think quickly and to render immediate aid with calmness and common sense. This end can only be achieved if Ranger training is intensely practical.

When a Guide or Ranger is ready to be tested, we must be sure that her knowledge is not just word perfect but that it will actually stand the test of use in an emergency. First Aid team races are bad, since accuracy is more important than speed, but so are long-drawn out proceedings bad, when the Guide or Ranger wanders round the patient whose arm is supposedly tied up in an arm sling, tweaking it disconsolately here and there. If she does this she must be failed at once for dawdling and uncertainty. Dawdling and uncertainty spell unreliability and prove that she would be useless if quick thought and action were necessary.

Never must we be satisfied with the gabbled word when

testing day arrives. It is so easy to reel off treatment when asked about it; so very different a thing to recognise symptoms and act on the spot. We must always assure ourselves that the examinee in question has really grasped what she has learnt, and only by practical demonstration can we be sure that the First Aid we have tried to teach with such care has really sunk in. Therefore let us stage accidents—say with one Patrol acting, and another rendering First Aid. Then we shall see demonstrated what really might take place; and in many of our companies we shall get some rather nasty shocks. A company First Aid practice is not a game, and must be carried out with serious and steady attention.

We must be ready to fail with equal firmness the Ranger or Guide who is quick but inaccurate as the one who is slow and hesitant. Otherwise we may be adding to the number of people who take risks at the expense of others. We must be sure that our uniform is worn only by people who can be trusted to keep their heads and do what they have learnt to do quickly and well, and not by people who once had a smattering of knowledge which went in at one ear and out at the other as soon as the badge was won, leaving them uncertain, or, which is even more dangerous, over-confident.

To sum up, it is not only the First Aid tests that matter but what comes after them. Only those must win our badges who can be relied upon to have self-control and training enough to apply the knowledge they have acquired coolly and with common sense in any emergency, small or great.

The importance of keeping a balance in our all-round training is vital, and this means that we should not overstress any one subject. First Aid, like everything else, should take its allotted place and no more. This can be more easily done if essentials are thought out of the standard expected for each age group. "The Girl Guides Association Book of First Aid and Rescue Work" is not intended as a text-book to be studied from end to end; it is intended for reference when a section on First Aid turns up in the ordinary balance of programme-making. Then there will

be no thought of this subject out-weighing the many parts of our training of equal and sometimes greater importance.

The book is intended to be a help to those of us who go week after week to our meetings realising only too well the difficulty of fitting everything in. It is designed also in order that it may help us to pull up the standard of First Aid in the Guide Movement according to the ability of Brownie, Guide and Ranger. First Aid and Rescue Work are real ways of helping others that we cannot neglect. The public do look even to the smallest Guide as a person who is ready to help, and they expect something of her. It is for us to equip her so that she really may lend a hand with the certainty that only knowledge gives.

I. H. K.

THE VITAL FIRST MINUTES

How often does one see the vital first minutes ebbing away, when those who witness an accident gaze numbed by the shock of what they see, trying to make themselves think of what to do, or wasting precious moments by doing futile things such as the frenzied search for dressings while a patient is bleeding to death or suffering acutely from shock.

'First things first' must be our watchword, and we must train to be cool-headed so that we can act as soon as the accident happens, and, what is more, act wisely and well. What we need to give is immediate aid.

The following are a few suggestions for scenes to be acted with immediate First Aid, for the *first minutes* only (not after-care). They are examples of tests to see what really would be done first. We should think out others for ourselves and have such variety that the Guides are on their toes watching with the feeling 'Whatever is going to happen next? I am going to be ready for anything!'

It is essential that the Guider should make herself really conversant with what should happen during these first vital minutes of whatever emergencies are demonstrated in her company; she can do this by looking up other pages in this book before going to the meeting, so that the check up can be thorough and everyone will go home clear in their minds as to the exact things that should be done.

Sometimes it is a good plan to stage very simple, straightforward things and notice if just the right amount is done without any fuss. At other times it is wise to have complicated injuries to ensure that those handling the accident would do no more than they safely should according to their age and capabilities. It is for every Guider to invent her own emergencies, always remembering that these must be adapted to local circumstances.

A Guide was once very highly commended for the part she played in an accident, and when asked if she had found it difficult to think what to do, replied: 'No, it was all easy because, you see, we practised this last week, so I knew

exactly what to do.' (See 'First Aid in Company Meetings,' page 256).

EMERGENCIES

Demonstrate your Immediate First Actions

(Time to prepare, 3 mins. Time to demonstrate, 2 mins.). The treatment for all these emergencies may be found in this book.

1. While slicing your rashers of bacon for you, your grocer severs the artery in his wrist.
2. Cooking sausages over the fire, your friend's dress gets alight and flames leap up her right side.
3. After an accident on the roadside someone needs treating for shock.
4. Your small brother, aged 2, starts choking at dinner.
5. At the scene of an accident (*a*) someone feels faint, (*b*) another goes right off—you are asked to cope.
6. Jumping out of a bus, a stranger sprains his ankle.
7. An airman whose plane crashed comes down by parachute in a field nearby as you are cycling along a deserted country road—his leg is broken.
8. In the winter you hear screams—a small boy has gone through the ice where he has been sliding with three little friends.
9. In a burning house you go into a room to search for victims.
10. You find an unconscious person in a burning upper room and have to get her out single-handed.
11. You have dragged an unconscious person to the top of the stairs in a burning house—now you have to get them down.
12. A house is burning—the staircase gone. What knots will you use to join blankets and put round a person to lower them out of the window?
13. There is no other means of escape, and all but one have got out of a burning house (second storey). How can that last man go down the knotted blankets to safety?
14. A sailor is dragged out of the sea and lies sprawled on

his back on the beach. How will you turn him to apply artificial respiration?

15. You are called to a river bank to help with applying artificial respiration to an unconscious person who has been rescued from drowning.
16. A child falls off an overhanging bough into a river and gets rapidly swept away by the current. Throw a lifeline 15 yards to save her.
17. Returning from the clubroom after your meeting, with three of your Patrol, you hear a woman screaming 'Fire!' from an upper window of a lonely cottage on the moors. Running to the spot you see smoke pouring from the window. The woman, holding a baby in her arms, has obviously lost her head; two bigger children are also hanging over the window ledge crying. What will you do?
18. A man is lying sprawled unconscious with his hands on a 'live' wire.
19. While walking along the edge of a cliff your friend slips and falls to a ledge 20 feet below.
20. You hear a scream from your neighbour's house, and running into their kitchen you find the baby, aged 18 months, has pulled the kettle of boiling water over himself, and his mother, white to the lips, rocking to and fro. She falls to the ground as you go into the room and appears to be unconscious.
21. Eating a piece of bread and jam in camp, your newest recruit gets stung on the tongue by a wasp.
22. Falling on the gravel outside the school-yard, your small brother complains that something has got into his eye; he cries hard and can't open it.
23. On the way to a hike your Patrol is the first to arrive at the scene of an accident in which two cars and a motorcycle are involved and several people are injured.
24. A small Guide in your Patrol climbs high up in a tree during a scouting game and then is afraid to come down. She appears not to notice what you are saying but stares fixedly at the ground below.

25. Playing with a chaff cutter in the farm building, your little sister cuts off the end of her finger.
26. You are cycling downhill with your Patrol. One of the Guides brakes too hard and falls off on her head. She appears a little dazed; then cheers up and says she's all right to go on, except for feeling a bit sick.
27. As your mother is opening a window the sash cords break and the window falls, jamming her fingers—what will you do?
28. When picking whinberries with two friends on an unknown hill, one of them falls down a shallow mine shaft and breaks her leg. What First Aid should you render? And should one of you go for help? If you do, how can you be certain of finding your way back?
29. A Ranger slips on an icy road and falls heavily in a sitting position—shortly afterwards she turns a bad colour and complains of a headache.
30. During a Ranger meeting news is brought that the fiancé of a Ranger has been killed in a motor accident.
31. In making tea for a social one of the Rangers upsets a kettle of boiling water down her leg.
32. While doing P.T. a Ranger catches her foot in a rope held for jumping and falls, cutting her forehead open on a corner of the skirting board, and it bleeds profusely.
33. In making a gadget in camp the small axe a Ranger is using slips and cuts her left forearm badly.

Note. Whenever emergencies and subsequent treatment are demonstrated it is very important to see that neither those demonstrating nor those rendering First Aid should treat it as a joke. Everything should be done as realistically as possible and, where necessary, the reason should be explained so that all will readily respond, and the maximum benefit can be obtained from practices.

CHAPTER I

SPECIALISED TRAINING

SECTION (a)

Badges and Tests in First Aid, Nursing, and Rescue Work

BROWNIES

FIRST CLASS

First Aid Section

Bind up a cut finger and a grazed knee.
Know what to do if clothing catches fire.

First Aider Badge

1. 'Clean up' and treat a graze.
2. Know treatment for sprains; and apply the triangular bandage to a sprained ankle. Put on a large arm sling.
3. Know the treatment for stopping bleeding from the nose.
4. Treat minor burns and scalds, insect stings and bites, and bruises.

GUIDES

SECOND CLASS

First Aid Section

Treat simple cuts, burns, fainting and choking, and stop bleeding (with pad and bandage on the wound only). Know simple treatment of shock, apply large arm sling, and bandage a sprained ankle.

FIRST CLASS

First Aid Section

(a) Be prepared to: Treat for shock following an accident; arrest bleeding; treat a patient unconscious from accident, fit or fainting; resuscitate the drowning, using Schafer's method of artificial respiration. Know how to deal with fire and ice accidents.

(b) Prepare a bed for a stretcher case. Change the sheets of a bed with a patient in it. Show how to prevent bed sores. Use a clinical thermometer. Dress a wound.

Emergency Helper Badge (Biennial)

1. Fit up a First Aid case suitable for hiking.
2. Deal with the following either in or outdoors: hæmorrhage (from external wounds only); burns and scalds; blisters; insect bites; sunburn.
3. Understand the danger of moving an unconscious person and the steps to be taken to prevent further injury.
4. Know ways of improvising a stretcher and of carrying a patient, and show untrained helpers how to do it.
5. Treat for shock.
6. Demonstrate Schafer's method of artificial respiration.
7. Take a temperature and pulse.
8. Know how to administer medicine.
9. Make a bed and change sheets, including draw sheet.
10. Wash a patient in bed and know how to prevent bed-sores.
11. Demonstrate the making of invalid drinks and dishes.
12. Apply a hot fomentation.
13. Dress a wound asceptically.
14. Know quickest method of obtaining a doctor, ambulance and police.

Fire Brigade Badge

1. Demonstrate how to deal with a fire indoors in the initial stage (an overturned oil lamp, clothes on fire, etc.).
2. Know how to beat out a fire in heath, bush or standing corn.
3. Know what to do in case of a house on fire (warning inmates, calling N.F.S., ambulance and police.)
4. Use a stirrup-pump and chair knot, organise a bucket chain and demonstrate how to crawl through smoke to drag out an injured person.
5. Demonstrate how to deal with shock, burns and scalds and how to improvise a stretcher and do artificial respiration.

First Aid Badge (Biennial)

1. Prove that she can remember the First Aid in her Second Class and knows clauses 13 and 14 of the First Class test.
2. Show positions of main arteries and know how to stop bleeding from veins, arteries and capillaries (excluding tourniquet).

3. Know how to recognise fractures and prevent further injuries in fractures and dislocations, understand the dangers likely to attend the moving or handling of the injured in the case of fractures where the extent of injury is unknown.
4. Improvise (a) a stretcher and carry someone on it, (b) splints, (c) padding of splints.
5. Know the ways of carrying an injured person if alone, or with one other helper. Demonstrate how to send correctly by telephone a message given to her verbally and in writing.
6. Be prepared, at the test, to give information about three occasions on which she has rendered first aid.

Life Saver Badge (Biennial)

The test to be carried out in the following order:

1. Throw a life line to reach a person 15 yards away.
2. Show Schafer method of resuscitation, and the treatment of the apparently drowned.
3. Perform the land drill for the four methods of rescue and the three methods of release, as set out in the handbook of the Royal Life Saving Society. (Complete words of command may be used, as for the Intermediate Certificate of the R.L.S.S.)
4. Swim 50 yards in clothes (consisting of the following, worn over a swimming costume: blouse and skirt, or dress; knickers, stockings, rubber shoes. The clothing should be of a normal nature and should be properly fastened). At the end of this swim the candidate may leave the water for the purpose of removing these clothes.
5. Perform in the water, in clothes, any one method of release and rescue (combined), towing the subject 20 yards as approved by the R.L.S.S.
6. Perform in the water, the second and third methods of release and rescue (combined), towing the subject 20 yards.
7. Pick up a brick from the bottom of the bath, at a depth of not less than 5 feet, and carry it to the side, holding it with both hands, and swimming on the back, a distance of not less than 10 yards. The brick to be picked up by means of a proper surface dive, with both hands. Diving off the side of the bath not allowed. Should the candidate fail at the first attempt she should do it successfully upon the next two attempts.
8. Put on a lifebuoy in the water (an inflated inner tube may be used if a lifebuoy is not available).

9. Swim at least 50 yards in good style by one of the following strokes:
   (a) Breast stroke
   (b) Side stroke
   (c) Overarm side stroke
   (d) Back stroke, using arms and legs.
   (e) Back stroke with folded arms
   (f) Trudgeon
   (g) Crawl.

N.B. Guiders being tested for the Life Saver badge and intending to use it for life-saving qualifications must go through the complete list in a limited time. Holders of the Bronze Medallion of the Royal Life Saving Society (renewed within 5 years) may be granted the Life Saver badge, providing they can swim in clothes and put on a lifebuoy in accordance with paras. 4, 5 and 8 above.

Rescuer Badge (Biennial)

1. Swim 100 yards and perform three methods of release in the water, two methods of life saving, and artificial respiration.
2. Throw a life line to reach a person 15 yards away.
3. Row a boat alone and with others, get into a boat from the water, and know any local dangerous tides or currents.
4. Deal with bleeding and shock, snake and dog bites.
5. Know how to give the alarm of fire, call up police or fire brigade, and rescue a person from a room full of smoke either by dragging or lowering from window on a rope).
6. Know how to hold back a crowd (with others), and how to behave in a crush (e.g., in theatre, fire or tube station).
7. Know the correct way to stop a runaway horse.
8. Know what to do if lost in a fog.

Sick Nurse Badge (Biennial)

See Certificates of Recognised Societies. Page 25.

RANGERS

PRE-ENROLMENT

First Aid Section

Treat for shock and show simple methods of stopping bleeding.

Ranger Service Star

1. Be able to deal with outbreak of fire (including forest or moorland fires) and know how to use at least one type of fire-extinguisher.

2. Be able to deal with the following:
   Severe bleeding, asphyxiation (including electrical shock), fractures (for prevention of further injury), wounds and burns.
3. Be able to take clear messages and give precise directions to a stranger in her neighbourhood.

Samaritan Certificate

A

1. Know the position of the principal bones, and how to prevent further injury in the case of fractures or dislocations; make and pad a splint; treat sprains and strains; improvise a splint; be able to act as an assistant if required in the splinting of fractures.
2. Apply a triangular bandage to the head, elbow, hand, knee, ankle and foot, and demonstrate three types of arm sling.
3. Know the differences between arterial bleeding and venous bleeding, and know the position of the main arteries; know how to check bleeding, and how to treat nose bleeding.
4. Know ways of supporting a patient alone, and carrying with the help of others.
5. Render First Aid in the following cases: burns and scalds (both severe and slight), blisters, choking, bites, stings, grit in the eye, wounds (both clean and dirty).
6. Know the chief signs and treatment of the following: fainting, hysteria, shock, fits, suspected concussion, internal hæmorrhage, and the general treatment of an unconscious patient.
7. Demonstrate Schafer's method of artificial respiration, and know when it should be applied.

B

1. Understand the value of warmth and fresh air in sickness; demonstrate the ventilation of a given sick room.
2. Understand the care of a patient; Make a bed with a patient in it; improvise and show how to use a draw sheet, hot water bottles, foot cradle, knee pillow (donkey), and back rest. Know how to give a bed-pan and how to prevent bedsores. Understand the care of the mouth and hair.
3. Take and record a temperature, pulse and respiration; know normal temperature and serious variations.
4. Know the general precautions necessary when nursing infectious cases, including the common cold.
5. Make and apply fomentations and cold compresses; understand the reasons for care in giving medicines, aperients, stimulants and sedatives.

6. Apply a roller bandage for a finger, thumb, ankle, knee, eye, ear and head.
7. Make barley water, a nourishing broth and a milk food, and three dishes suitable for invalids on light diet.

EXTENSION GUIDES

Sick Nurse Badge

Understand:

The preparation of a sick room, its ventilation and heating.

The preparation of the bed for a patient, changing sheets, and prevention of bedsores. Use of room and clinical thermometers. Pulse and respiration. Washing and dressing a patient.

The growth and prevention of germs of disease.

The general rules for nursing measles, chicken pox, whooping cough, mumps and influenza, under the instructions of a doctor, and the precautions necessary when dealing with a case of consumption at home.

Administration of medicines and the external application of remedies.

Treatment with heat and cold, including fomentations.

Feeding in sickness and convalescence.

Know the signs and symptoms of illness that would lead you to send for a doctor.

Show proficiency in roller bandaging.

(If necessary the badge may be awarded on a theoretical knowledge of parts of the test, provided the candidate is able to give instructions so that others can carry out the correct treatment).

EXTENSION RANGERS

Service Test

Health Group

Know how to feed, amuse, and care for a child under ten left in her charge for a day.

Know what precautions can be taken to prevent the spread of infectious illnesses, including the common cold.

Prepare a sickroom and understand the care of a patient.

Service Group

Know what to do in case of fire, including treatment of burns and suffocation. Perform artificial respiration.

Recognise the symptoms of shock and know the immediate treatmen tto be given. Know the general principles to follow in

case of hæmorrhage and how to deal with minor cases such as bleeding from the nose, socket of tooth, or finger.

Apply dressings and triangular and roller bandages, and know the types of injury for which they should be used. Be able to act as an assistant in the splinting of fractures.

CAMPING

Patrol Leader's Camp Permit

'A Patrol Leader must . . . show a high standard of efficiency in the First Aid section of the Second Class; bring to the test a small First Aid case, fitted by herself, and suitable for a Patrol camp; be able to give reasons for her choice of its contents.'

Campcraft Certificate

'Render First Aid in emergencies which might occur in camp, and give a list of First Aid equipment suitable for small camps.'

Camper's Licence

1. Know the general rules for the care of health in camp.
2. Know how to prepare a First Aid tent and how to take precautionary isolation measures.
3. Draw up a list of medicine chest stores, and understand their uses, including that of a clinical thermometer.
4. Be able to render First Aid in emergencies which might occur in camp. Amongst others these should include the treatment of shock, bleeding, fractures, sprains, burns, bites (including snake bites), stings, concussion.

Camp First Aid Test

Qualifications and Test:

Have camped under canvas.

Be recommended by her Commissioner and Camp Adviser, and have had practical experience which should be kept up-to-date.

Test

(a) Know the general rules for the care of health to ensure campers benefiting from their life in camp.

(b) Prepare a First Aid tent and know how to take precautionary isolation measures. Draw up a list of medicine chest stores; understand the administration of medicines and the external application of remedies. Use a clinical thermometer and take a pulse.

(c) 1. Know how to prevent and treat shock, both immediate and delayed.
2. Stop bleeding (including nose bleeding) and cuts with glass, and be able to treat septic wounds.
3. Render First Aid in the case of: fractures, sprains, bites (including snake bites), stings, burns, clothes on fire, fainting, concussion, heat stroke, epileptic and hysterical fits.
4. Deal with: cuts, boils, blisters, sunburn, colds, sore throat, headache, earache, toothache, abdominal pains, eye injuries, dirty heads.
5. Know the general rules for the treatment of poisoning.
6. Know the indications of serious illness.

(d) Know how to carry injured persons, and how to do artificial respiration (Schafer's method).

Pack Holiday Permit

The Owl should show a knowledge of:

1. The general rules for the care of health.
2. How to prepare a sick bay and take precautionary isolation measures.
3. Medicine chest stores and their uses, including that of a clinical thermometer.
4. First Aid in emergencies which might occur, including the treatment of shock, bleeding, cuts, fractures, sprains, burns, bites (including snake bites), stings and concussion. Or hold the Camp First Aid Certificate.

Note 1. One of the helpers should be an experienced cook (i.e., have passed the Cook and Caterer's test, or hold equivalent qualifications). The adult responsible for health, if other than the Owl in charge, should hold British Red Cross Society or St. John Ambulance Certificates in First Aid and Home Nursing, *or* the Camp First Aid Certificate.

Note 2. Brownie Guiders contemplating this test are advised to read the Camp First Aid Test chapter—and the various references against each heading.

Testing

The C.C.A. is responsible for the test which should take place at a training camp or a Pack Holiday Permit Training.

A First Aid question will also probably be included in the paper she would be asked to do for her Permit.

CERTIFICATES OF RECOGNISED SOCIETIES

GUIDES

First Aid

This badge will also be awarded to Guides gaining one of the following:

1. *British Red Cross Society*
   (a) 12-13. Voucher for Part A (only) of the Junior Course in First Aid;
   (b) aged 14. Certificate for Junior Intermediate Course in First Aid; *or*
2. *St. John Ambulance Association*
   Preliminary Certificate in First Aid; *or*
3. *St. Andrew Ambulance Association*
   Preliminary Certificate in First Aid; *or*
4. *London County Council*
   Certificate in First Aid.

Examinations for all courses should be conducted only in accordance with the rules of the Ambulance Association concerned. Instructors for the Red Cross Courses must be specially qualified people approved by the Red Cross Authorities. Instructors for the St. John Ambulance Course need no special qualifications.

Lifesaver

Holders of the Bronze Medallion of the Royal Life Saving Society (renewed within five years) may be granted the Lifesaver Badge, providing they can swim in clothes and put on a lifebuoy in accordance with paras. 4, 5 and 8 of Syllabus.

Sick Nurse

This badge will be awarded to Guides gaining one of the following:

1. *British Red Cross Society*
   (a) 12-14, Voucher for Part A (only) of the Junior Course in Home Nursing.
   (b) aged 14. Certificate for Junior Intermediate Course in Home Nursing; *or*
2. *St. John Ambulance Association*
   Preliminary Certificate in Home Nursing; *or*
3. *St. Andrew Ambulance Association*
   Preliminary Certificate in Home Nursing; *or*
4. *Preliminary State Examination*
   Certificate in General Nursing; *or*
5. *London County Council*
   Certificate in Home Nursing.

Examinations for all courses should be conducted only in accordance with the rules of the Ambulance Association concerned. Instructors for the Red Cross Courses must be specially qualified people approved by the Red Cross Authorities. Instructors for the St. John Course need no special qualification.

RANGERS

These certificates will be awarded to a Ranger gaining any of the following:

First Aid

1. *British Red Cross Society*
   Adult First Aid Certificate; *or*
2. *St. John Ambulance Association*
   Adult First Aid Certificate; *or*
3. *St. Andrew Ambulance Association*
   Adult First Aid Certificate; *or*
4. *London County Council*
   Certificate in First Aid (Senior).

Home Nursing

1. *British Red Cross Society*
   Adult Home Nursing Certificate; *or*
2. *St. John Ambulance Association*
   Adult Home Nursing Certificate; *or*
3. *St. Andrew Ambulance Association*
   Adult Home Nursing Certificate; *or*
4. *London County Council*
   Certificate in Home Nursing (Senior); *or*
5. *Preliminary State Examination*
   Certificate in General Nursing; *or*
6. *Civil Nursing Reserve* (*Auxiliary Nurse*)
   Certificate.

Hygiene

1. *British Red Cross Society*
   Adult Hygiene Certificate; *or*
2. *St. John Ambulance Association*
   Adult Hygiene Certificate; *or*
3. *Preliminary State Examination*
   Certificate in General Nursing.

SPECIALISED TRAINING

Section (b)

Suggestions and Hints on the Tests and on the Training and Testing of Brownies, Guides and Rangers.

A. First Aid Work with Brownies
- First Class
- First Aider

B. First Aid Work with Guides
- Second Class
- First Class
- First Aid
- Emergency Helper

C. First Aid Work with Rangers
- Pre-enrolment Test
- Ranger Service Star
- Samaritan

D. First Aid Work with Extensions

E. Health and First Aid in Camp
- Introduction
- Camper's Licence
- Camp First Aid Test
- Campcraft Certificate
- Patrol Leader's Permit
- First Aid Tent

A. FIRST AID WORK WITH BROWNIES

THE golden rule for teaching in this, as in all testwork, is to be simple, practical and thorough. We want to teach only those things that a Brownie can do with perfect safety, but we want her to learn it in such a way that, although as time goes on she will widen her knowledge, the foundations laid in the pack will be such that all future training will supplement rather than replace what she already knows.

It is always best to practise the test with the materials the Brownie is expected to use in a real emergency, and so it is necessary to know her home conditions. What use is it to teach a child that she must always use lint or gauze for a dressing when the best she can hope for at home is a clean handkerchief or a piece of rag? The essential thing is cleanliness, and so we teach our Brownies to wash their hands first whenever possible, to use clean lint or gauze, if it is there, and if not to find something clean and white with which to cover the wound. (The inside of a perfectly clean envelope is as good as anything.) The First Aid equipment in the pack should be kept clean and tidy, and the bandages should never be folded up on the floor or the dressings left about where they will become dirty.

The Brownie should understand that she can only render elementary First Aid and she should ask a grown-up to look at the injury as soon as possible.

BROWNIE FIRST CLASS

First Aid Section

Bind up a cut finger and grazed knee.
Know what to do if clothing catches fire.

Grazed knee. A Brownie can learn to clean up a graze by placing a pad over the injury and washing all round first, then wiping carefully from the centre outwards, turning her swab over so that she does not put dirt back into the wound. When the knee is really clean she can cover it with a clean dressing and bandage this in place with a triangular bandage. Provided there is a clean dressing on underneath a Brownie tie or a large handkerchief will serve.

Place the open bandage over the knee with the point upwards; turn up a piece at the base to make it the right size; cross the ends behind the knee and carry them forward, tying with a reef knot above the joint. Finally bring the point down over the knot and tuck into the fold already made, see page 136.

Cut finger. Here there may be considerable bleeding, even if the cut is not a deep one, but holding the finger under a running tap will help to clean it, and a clean dressing can then be put on and bandaged firmly in place. If lint or gauze and scissors are available, a Brownie can learn to cut her dressing L or T shape for the finger tip so that it folds neatly round. The bandage depends on the material available, and she can learn to use a roller bandage, a piece of rag, or a handkerchief, see page 144.

Clothes on fire. Speed is the all-important factor, and the Brownie is taught to put out the flames, cover the patient, and call for grown-up help, in that order. The patient should lie down with the flames on top, otherwise, as flames must rise, she may be burnt all round. The flames should then be smothered with a heavy rug, table-cloth, or whatever is at hand. A warning should be given about the use of coconut matting, to be found as a hearth-rug in so many homes, as it burns so readily. Too much emphasis should not be laid on the danger to the Brownie who is rendering First Aid, but she should be shown how to hold the coat or whatever she is using in front of her so that it is between herself and the patient. Once the flames are extinguished she should leave the patient covered up and call or go for help.

FIRST AIDER BADGE

1. Clean up and treat a graze.
2. Know treatment for sprains; apply the triangular bandage to a sprained ankle. Put on a large arm sling.
3. Know the treatment for stopping bleeding from the nose.
4. Treat minor burns and scalds, insect stings and bites, and bruises.

Graze. The cleaning up of a graze has already been dealt

with in First Class, which a Brownie must have passed before entering for any Proficiency badge. When practising this part of the test, it is as well to give the Brownie something in the way of dirt to clean off in order that she may do it really thoroughly.

Sprains. The essentials of treatment are rest and support. The Brownie learns to apply a firm bandage, to wet this with cold water and to put the injured limb in a comfortable position. In the case of a wrist, this is best done by placing the forearm in a large arm sling, and with an ankle by resting it on a sofa, or a stool or chair with a cushion on it. She learns that if the sprain is very painful it will often ease the pain if she removes the bandage and bathes the part with cold water, then, if this is not successful, she bathes it with hot, and reapplies the bandage. For a sprained ankle see page 135.

In the case of a sprained ankle, the bandage is applied over the shoe if the patient is out-of-doors, and without the shoe if she is in the house. THE BROWNIE SHOULD GET A GROWN-UP TO EXAMINE THE INJURY AS SOON AS POSSIBLE.

How to put on a sling, see page 133.
Bleeding from the nose, see page 107.
Minor burns and scalds, see page 110.
Insect stings and bites, see page 107.

Bruises. These are not as a rule serious injuries, but the pain will be relieved and healing speeded up if a cold compress is applied and changed before it becomes dry.

Testing. The test should be a thorough one and as practical as possible. If injuries are faked on the patients it makes it more realistic, besides ensuring that the Brownies really have practised and know what to do. Some red water colour paint, a blue bag, and a little mud will suffice to make quite realistic injuries, and the excitement of the Brownies at being able to deal with a 'real' accident well repays the trouble entailed.

Finally, when the test is over, and the badge won, keep it up. It is so easy for a Brownie Guider to deal with the minor accidents that occur during a pack meeting, and so easy, too, for a Brownie to forget what she has learnt if she never has a chance to put her knowledge into practice.

B. FIRST AID WORK WITH GUIDES

Teaching First Aid to Guides
Second Class
First Class
First Aid
Emergency Helper
Preparation before holding a test
Hints on testing

Preparation before practices with Guides, and the checking of their practical work by their Guider or Instructor.

(a) BEFORE THE MEETING

1. *Look up the syllabus*, decide how much to deal with in the meeting, read references, and make sure of essential points so that they can be given clearly.
2. Consider *number to be trained* and think how individual attention can be given to check the work of each guide during the practice time.
3. *Necessary equipment.* Make a list of any necessary equipment (it being most important with Guides not to 'imagine' First Aid remedies are there when they are not). Check over to make sure that there is enough to go round (a) for demonstration, and (b) for practice, otherwise arrangement must be made to split practice into sections and change over. To get Leaders' help over this before the meeting is valuable.
4. *The company.* To avoid distraction or interruption think out activities to occupy members of the company who are not attending the First Aid class, and arrange for them to be out of ear-shot.

(b) AT THE MEETING

1. *Equipment.* Have all the equipment necessary for any demonstration to hand. Get a Guide (who has passed), or a Ranger as helper if possible.

2. *Arrangement of room.* The Patrol Leaders can arrange the room so that Guides are not facing into the light, and so are able to see what is happening.

3. *Leaders* can (a) See that groups have pencil and paper if these should be required, and (b) check attendance. (It is a help to keep a record so that anyone missing a practice can be coached again). Special leaders can be chosen for the First Aid work if the Patrol Leaders are needed to carry on with the rest of the company.

4. *Speaking.* The Instructor when talking should be clear, concise, and short, she should keep to the point; a rambling discourse will confuse all listeners, especially young ones. As a thing is mentioned it should be shown, e.g., clinical thermometer, lint, temperature chart, pressure point (on self or helper), etc. Sum up, repeating vital points. Do not let notes be taken until this moment, and make sure they are accurate.

5. *Demonstrations.* Sufficient time should be allowed for a most necessary, careful, and thorough demonstration before the actual practice of the Guides themselves. Emphasise the main points at the end again.

6. *Practical work* is of far greater value than are long explanations, so the greater part of any First Aid Instruction Course should be spent on the former. During practical work it is important that each Guide has her work examined and passed each time she does it. This work though simple should be accurate and intelligent. Specially trained leaders are very helpful here.

7. *Questions* from both sides are useful to make sure that the Guides have really understood what has been said, and are following the instruction; they are also valuable for revision work; but they must be controlled or time may be wasted.

8. *Revision.* Much will depend on the standard of the Guides as to which part requires repetition.

9. *Concentration.* It is important that all members of the company should be occupied either at the course of instruction or as previously indicated they should be out of hearing.

10. *Guides not ready to take the badge*, may (a) attend the lecture and thereafter act as 'patients' or (*b*) attend the lecture and thereafter leave for another activity elsewhere. This latter method should be adopted where they are not needed as patients and there is not time to check any practical work that they might attempt, as well as those who are being coached for the badge.

11. *The Emergency Sections* should be dealt with as realistically as possible. These are fully written up under the Rescue section of this book. Emergencies of very varied types should be frequently introduced into company meetings, e.g., why learn rescue knots if you are afraid to use them? etc., etc. Some people advocate the use of blood from a butcher's to help the Guide to become used to the sight of it, page 266 also note page 267 for suggestions for removing blood stains.

12. *Joking and playing* over First Aid practices and emergencies should never be allowed. They should be done seriously. Guides will respond to the attitude that they are getting ready to give real help in an accident.

13. *Company First Aid property* should be properly maintained, kept clean and tidy. Time should be allowed to clear up after practices.

14. *Scheme of training.* The syllabus suggested over a course of six or eight periods should be regarded as minimum and adapted according to the needs and time which the individual company can give to this, which it must always be remembered is only one section of their all-round training. It is, however, strongly advised where possible, to have up to ten periods, in which case lectures 3, 5, 9 and 10 can be reserved for revision work.

When an Outside Expert Comes in to Train the Guides

It is the duty of the Guider to ensure:

1. That the outside expert coming in to instruct for a badge test has the syllabus relating to the test at least a week before the meeting.

2. That she knows the age and type of girl she is to train.

3. That she knows what standard they are expected to attain. (The suggestions given in this book may therefore be helpful to her.)

Note. The Guider should attend the course given to her Guide company by the outside expert so that she may afterwards repeat the instructions given to the slower members, and constantly practice and revise with them all.

Final Points to Consider Before a Test

Is the candidate really ready?

Make sure that she has a reasonable chance of attaining the standard required.

That she is safe on her facts.

That she is alert, and reliable; that she uses her common sense.

That she is able to do practical work as well as answer questions.

That she has realised that it has been up to her to work hard and not to enter for the test until she really 'knows her stuff,' so not wasting the examiner's time.

That she is gentle but reassuringly firm in her handling of an injury. Remembering that it is the person she is trying to help, not just a sprained ankle or a cut arm, etc.

Notice should be taken if she is rough or clumsy without considering the patient, or if she is inclined to attempt more than a person of Guide age should with safety.

Also whether she has done insufficient work to merit a pass, even if she should be lucky and scrape through.

Failure

If the Guide should fail, she should be prepared to try again, but she may need help from her Guider to take it in the right spirit.

Courtesy

Is there a tradition of courtesy in the company? If not each Guide may need reminding to thank the Tester who tests her. (See Testing—page 55.)

GUIDE SECOND CLASS

Treat simple cuts, burns, fainting and choking, and stop bleeding (with pad and bandage on the wound only), know simple treatment of shock; apply large arm sling, and bandage a sprained ankle.

Make an article useful to others.

General Comments on Teaching First Aid in Second Class

It will be noted that the word 'Lecture' is not used. It is of great importance that the grounding of First Aid for the Second Class Guide should be practical, as must also be the test which follows. The suggested course of practice is to serve only as a guide. Companies should evolve their own methods of training for Second Class, varying it from time to time.

For example (a) specialising for several meetings in First Aid, making it the main, if not the only subject dealt with; (b) interspersing other activities with First Aid instruction; (c) instruction through Patrol Leaders, after the Leaders have received careful and thorough coaching by their Guider or an expert at their Patrol Leaders' training.

Reference Notes

Preparation before First Aid practices with Guides and checking of work, page 31.
Preparation before holding a Test, page 55.
Hints on testing Second Class. (a) For Guides, page 57. (b) For Guiders, page 56.

Suggestions for an Instruction Course

Practice I

Talk

General principles of First Aid. This should include immediate help to an injured person, not merely the treatment of a bleeding leg or sprained ankle, etc.

How much a Second Class Guide should safely be able to do—the using of common sense and self-control with

regard to First Aid. Instructors are advised to read the introduction to this book, as well as the pages noted below. This outline for Guide age should be brief, the key points given, and the Guides told that they should not attempt things other than are safe for them to do.

Practical

The treatment of simple shock. This should be thoroughly taught, first by demonstration, and then by the Guides practising the treatment with coats, rugs, and hot water bottles, etc.

The first essentials of stopping bleeding. This again should be thoroughly taught, first by demonstration and then by the Guides practising the treatment, the first essentials only; laying patient down quickly, raising limb, applying pressure to the spot at once, etc. It is better not to attempt pad and bandage in first practise of stopping bleeding, otherwise Guides confuse the first essentials with the subsequent treatment.

Reference Notes

General principles of First Aid, page 94.
The treatment of simple shock, page 124.
The first essentials of stopping bleeding, page 102.

Practice II

Talk

The treatment of simple cuts. Why cleanliness is important, and how to improvise when out-of-doors. How to cleanse cuts with saline (1 tablespoonful of common salt to 1 pint of water).

Guides should be shown acriflavine, and warned against the habit of indiscriminately dabbing iodine on everything.

When no clean dressing is available they should be told of substitutes, such as the inside of an envelope.

Practical

Scrubbing of hands, disinfecting. Guides should have the chance of learning how to wash their hands thoroughly.

Bandaging of simple cuts, fingers, etc., and grazing on knee and palm of hand. Mix saline. Cut lint and apply dressings and simple bandages.

Reference Notes

The treatment of simple cuts, page 111.
Cleanliness, page 268.
Finger bandage, page 144.
Knee bandage, page 144.
Palm of hand, page 144.
Preparing dressings, page 145.

Practice III

Talk

Principles of Bandaging. Apply firmly. Comfort of patient. Tie reef knots. Keep bandages clean, etc. Demonstrate how to (a) fold a triangular bandage, (b) tie a large arm sling, (c) bandage a sprained ankle, (d) apply a pad and bandage.

Practical

Use of triangular bandage. Each Guide should practise the bandaging demonstrated, and have her work checked.

Common Faults

(a) *Sling.* Sling too low, below waistline, hand allowed to dangle. Knot on wrong shoulder, untidy appearance.

(b) *Sprained ankle.* Rough handling of patient, the foot neither supported nor flexed when tying the bandage, often not round the ankle bone and foot when tied up, not secured firmly at right angles.

(c) *Pad and bandage.* Pad and bandage not firm enough, result totally inadequate to stop bleeding. (For Guides the pad should consist of a handkerchief with edges folded until a firm pad is made without using hard substances).

Reference Notes

Folding of triangular bandage, page 132.
Slings, page 133.
Pad and bandage, page 104, 146.
Ankle bandage, page 135.

Practice IV

Talk

Treatment of choking and fainting, with demonstration of how to act. In fainting, instruction should point to feeling faint as quite common and not serious, that it can usually be overcome by sitting down and putting the head between the knees. For further instructions see reference note.

Practical

Staged Emergencies—Fainting, choking, cuts, etc. Revision. Pad and bandage. Sprained ankle. Large arm sling.

Reference Notes

Treatment of choking, page 111.
Treatment of fainting, page 113.
Pad and bandage, page 105.
Sprained ankle, page 135.
Large arm sling, page 133.

Practice V

Talk

Burns. Instruction should include immediate aid, i.e., treatment of burns and shock. (It should be remembered that Second Class Guides should attempt treatment of simple burns only).

Practical

The treatment of burns. This can include: (1) How to put out flames. (2) Covering of burns; (a) Dry dressing. (b) Mixing of bicarbonate of soda solution. (c) Cutting of strips of lint. (d) Putting on dressings. (3) Treating for shock.

Reference Notes

Putting out flames, page 189.
Covering of burns, page 110.
How to make bicarb. solution, page 90.
Burn dressings, page 110.
Treatment of shock, page 124.

Practice VI

Talk

Revision. Go over headings of all talks given on Second Class First Aid — stressing the most vital points under each heading.

Practical

Revision. This period can be used for emphasising or practising any section in the Guide Second Class First Aid syllabus which by reason of time has been skimped, and taking up known weak points with individuals.

Reference Notes

Second Class First Aid syllabus, page 35.
How First Aid can be practised in company meetings, page 256.
The vital first minutes, page 13.

Minor Accidents.

When Guides have passed Second Class they should be allowed to treat simple injuries in the clubroom or in camp for practice, and careful attention should be taken by their Guider to see that the treatment is correct, their attitude a sensible one, with no fussing, and that the rules of cleanliness are observed. They should be encouraged to tell the instructor or their Guider about any accident they have helped to deal with, either at the time or as soon as possible afterwards. A more detailed description of what is required under this clause will be found at the end of the section on 'The introduction of First Aid and Rescue Work into Company meetings.' Page 267.

GUIDE FIRST CLASS

(a) Be prepared to: Treat for shock following accident; arrest bleeding; treat a patient unconscious from accident, fit or fainting; resuscitate the drowning, using Schafer's method of artificial respiration. Know how to deal with fire and ice accidents.

(b) Prepare a bed for a stretcher case. Change the sheets of a bed with a patient in it. Show how to prevent bed sores. Use a clinical thermometer. Dress a wound.

General Comments on Teaching First Aid in First Class

As in the case of Second Class, the First Class test work is usually introduced into company meetings over a prolonged period of time from the recruit stage to the moment when a Guide is ready to pass her First Class Test. The following suggestions of a condensed course of instruction in First Aid may therefore serve as revision, but it is important to remember that in whatever way First Aid is introduced the correct treatment must be clearly given to each individual, otherwise a muddled interpretation will follow.

More individual effort may be expected of a girl who is about to attain her First Class than is the case of a Guide of Second Class standard. She should be prepared to practise, and not rely on her Guider's coaching. She is expected, as a First Class Guide, to have a standard of reliability, and this cannot be given her by others.

Reference Notes

Preparation before First Aid practices with Guides, and checking of work, page 31.
Preparation before holding a test, page 34.
Hints on testing, page 55.

Suggestions for an Instruction Course

Practice I

Talk

Introduction. Responsibility of First Class Guide to be prepared for sudden emergency. Need for practice. Power of observation and self-control needed as well as skill and knowledge. Importance of individual effort on part of would-be First Class Guide.

General principles of First Aid. Immediate help to an injured person. Keeping calm and using intelligence combined with knowledge. Treating the most vital things first. Preventing an injury from becoming worse. Obtaining help. Preventing onlookers crowding round.

Precautions against fire

Burns. Instruction to include immediate aid—treatment of burns and shock.

Practical fire accident and treatment of those injured by fire. Treatment of person with clothes on fire. Treatment of burns—including dry dressings, making of bicarbonate of soda solution, cutting strips of lint, putting on dressings. Treatment of simple shock.

Rescue Work (if time permits). How to raise the alarm. How to enter a burning building. How to open door and search room. How to effect rescue; dragging person (a) from room, (b) down staircase.

Reference Notes

Treatment of burns, page 110.
Treatment of shock, page 124.
How to raise alarm of fire, page 190.
How to enter burning building, page 190.
How to open a door and search room, page 190.
How to effect rescue from burning room, page 191.
How to drag person from burning room, page 230.
How to drag person down staircase, page 232.

Practice II

Talk

Bleeding. Use of chart or illustration in this book to show circulation of the blood through arteries and veins from heart and lungs, etc. Explain how blood can be recognised from arteries, veins and capillaries.

Pressure points. Show pressure points on chart and patient.

Shock. Including importance of complete covering. Hot water bottles, how to improvise, where to place. Hot stimulants.

N.B. It is important to read up shock and bleeding in order to have the points clear.

Practical

Treatment for bleeding, pressure points, shock. This should be done practically and with thoroughness; Guides being taught to think quickly and to attend to these vital things with promptness and certainty.

Bleeding. First essentials including laying person down, raising limb, applying digital pressure, etc.

Finding of pressure points. Individual coaching will be needed.

Shock. Care over detail—no pretending—hot bottles, hot drinks.

This practical work should be most carefully checked.

Reference Notes

Circulation of the blood, page 102.
How to recognise blood from arteries, etc., page 106.
Pressure points, page 103.
Treatment for shock, page 124.
Hot water bottles, page 175.
Hot stimulants, page 130.

Practice III

Talk

Bleeding (contd.). Including methods of arresting bleeding (excluding tourniquet). Digital. Pad and bandage. Pad and flexion. Graduated compression—show diagrams as well as demonstrating. Sending for doctor.

Practical

Pressure points. Revision.

Arresting bleeding. See that every Guide can do the first three methods of arresting bleeding as indicated in talk.

Revision of First Aid in Second Class.

Bandaging. Cut finger and sprained ankle, and apply large arm sling. (If time).

Reference Notes

Methods of arresting bleeding, page 103.
First Aid in Second Class, page 35.

Practice IV

Talk

Asphyxia (Suffocation), and its causes. Drowning, Gas or fumes. Strangling. Choking. Electric shock.

Demonstrate: Turning from supine to prone position. Artificial respiration. Life-line throwing.

Practical

Electric shock. Removing person in contact with electric wire.

Ice accident. This should be practised as realistically as possible, followed by after-care treatment of people suffering from shock and exposure.

Practice: Turning from supine to prone position. Artificial respiration.

Reference Notes

Asphyxia and its causes, page 96.
How to turn patient, page 97.
Artificial respiration, page 97.
Life-line throwing, page 201.
How to remove person from electric wire, page 197.
Ice accident, page 200.
Treatment for shock, pages 102, 124.

Practice V

Talk

Unconsciousness from accidents, fits, and fainting. Point out:—The many causes of insensibility or unconsciousness, and the danger of wrong treatment. The causes should include:—Accidents, fits, fainting, asphyxia—(revision), drowning, gas or fumes, strangling, choking, electric shock.

The need for careful observation and deduction to find out cause if not known.

The urgent need of a doctor if unconsciousness continues.

Practical

Life-line throwing. It should be noted that 12 yards is an adequate distance to begin with. Accuracy of aim is

vital, Guides should therefore throw the line for someone to catch, or between two marked pegs, or over a stake. (If indoors, a long passage is a useful place.)

Observation. 'What happened here?' accidents may be staged. Guides make individual reports—see Chapters VI and VII. If time, Patrols stage accidents in turn for others to report on. (At least one unconscious person should be included.)

Reference Notes

Unconsciousness from accident, page 112.
Unconsciousness from fits, page 114.
Unconsciousness from fainting, page 113.
Unconsciousness from asphyxia, page 96.
Life-line throwing, page 201.

Talk PRACTICE VI

Revision. Go over points of talks in previous five lectures.

Use of clinical thermometer. How and where to take temperatures. How to read temperatures. How to shake down, etc.

Practical

Revision. Pressure points—stopping bleeding. Artificial respiration. Life-line throwing (according to time).

Taking temperatures. A disinfectant solution in a small jar to cleanse thermometer is essential. Dettol should NOT be used. A pad of cotton wool should be at bottom of jar.

Wounds. Guides should practise the disinfecting and treatment of wounds.

Reference Notes

Use of clinical thermometer, page 161.
Treatment of Wounds, page 128.
Pressure points, page 103 and chart inside cover.
How to arrest bleeding, page 102.
Artificial respiration, page 97.
Life-line throwing, page 201.

PRACTICE VII

Talk

The patient in bed. Point out that the Guide should be first in the field to help not only when an accident happens among strangers, but also in her own home when there is illness; yet it is not enough to be ready to help, she must know how to help and once having been shown this section, she will need to practise so that she may really be able to help someone who is ill without being slow or clumsy.

The preparation of bed for patient. Demonstration, (including stretcher case).

Changing sheets.

Prevention of bed sores.

Practical

Making of bed. Practice can be done on a miniature bed, (see Second Class useful articles, page 150) or on a camp bed with bedding, but for the test a full-sized bed will be used.

Changing sheets. Guides should practise this in pairs.

Practise taking pulse.

Revision. Use of thermometer.

Reference Notes

Preparation of bed for patient, page 156.
Changing sheets, page 158.
Prevention of bed sores, page 163.
How to take pulse, page 161.
Use of thermometer, page 161.

PRACTICE VIII

Talk

Cleanliness. Point out: The extreme importance of cleanliness in dealing with a cut or any puncture of the skin. The need to avoid handling dressings, the use of scissors to lift and turn lint, care in folding bandages on clean surface.

Dressing a wound. Demonstration of dressing a wound from first cleaning to final bandage.

Revision. First Aid in Guide First Class, stressing the most vital points under each heading.

Practical

Bandaging. Treatment of a cut. Bandaging of a sprained ankle. Applying a large arm sling.

First Aid case. Examination of any First Aid cases, patrol or individual, to see if they are (a) adequate, (b) up to standard of cleanliness demanded.

Rescue work. How to tie the knots, hold the rope and lower people on a rope, in cases of fire or cliff rescue, etc.

Reference Notes

How to clean a wound, page 128.
How to dress a wound, page 128.
How to bandage a cut, page 141.
How to bandage a sprained ankle, page 135.
How to apply a large arm sling, page 133.
Contents of First Aid case, page 148.
How to tie knots for cliff rescue, page 242.
How to hold rope, page 233.
How to lower people on a rope, page 234.

Revision

It is advisable whenever possible to have one or two extra revision meetings and to use these for emphasising or practising any section under the Guide First Class First Aid syllabus which by reason of time has been skimped; taking up known weak points with individuals.

It is essential to try out frequently such things as life-line throwing, etc., and every Guide preparing for her First Class must be prepared to work hard on her own revision in between instructions. The mile at Scouts' pace and accuracy of message-carrying and telephoning are also sidelines of First Class First Aid which are important in getting messages through to a doctor, etc.

Practical emergencies should be included in the programme during company meetings, and Guides should show themselves to be alert and ready to render First Aid.

Emergency Helper Badge

The candidate will:

1. Fit up a First Aid case for hiking.
2. Deal with the following either indoors or out-of-doors:—
   Hæmorrhage (from external wounds only).
   Burns and scalds.
   Blisters.
   Insect bites.
   Sunburn.
3. Understand the danger of moving an unconscious person and the steps to be taken to prevent further injury.
4. Know ways of improvising a stretcher and of carrying a patient, and show untrained helpers how to do it.
5. Treat for shock.
6. Demonstrate Schafer's method of artificial respiration.
7. Take temperature and pulse.
8. Know how to administer medicines.
9. Make a bed and change sheets, including draw-sheets.
10. Wash a patient in bed and know how to prevent bed sores.
11. Demonstrate the making of invalid drinks and dishes.
12. Apply hot fomentations.
13. Dress a wound asceptically.
14. Know quickest method of obtaining doctor, ambulance, and police.

Suggestions for an Instruction Course

Practice I

Talk

Bleeding. How to deal with bleeding from external wounds.

Burns and scalds.

Blisters.

Insect bites and sunburn.

Practical

First Aid case. Fit up a First Aid case for hiking, as a method of practising choice of contents. This can be made by the Guides from a collection of First Aid material brought to the meeting. Discuss choice and application.

Dress a wound cleanly. This should start with scrubbing of hands, followed by each Guide being allowed to change dressings and treat the wound from start to finish.

Reference Notes

Bleeding from external wounds, page 103.
Burns and scalds, page 110.
Blisters, page 100.
Insect bites, page 108.
Sunburn, page 127.
Contents of First Aid case, page 148.
How to dress a wound, pages 128, 135.

Talk PRACTICE II

Shock. The treatment of shock.

Unconsciousness. The dangers of moving an insensible person and steps to be taken to prevent further injury.

Practical

Pressure points.

Arresting bleeding.

Reference Notes

Treatment of shock, page 124.
Unconsciousness, page 112.
Pressure points, page 103 and chart inside cover.
Arresting bleeding, page 103.

Talk PRACTICE III

Invalid drinks and dishes. Demonstration.

Practical

Stretchers. Ways of improvising stretchers and of carrying a patient.

Reference Notes

Invalid drinks and dishes, page 176.
Improvising stretchers, page 237.
Carrying a patient, page 224.

PRACTICE IV

Talk

Taking of temperature and pulse.
Administration of medicine.

Practical

Individual practice of above. Enough time should be allowed for each individual Guide to have sufficient practice to understand each of these clauses.

Reference Notes

The taking of temperature, page 161.
The taking of pulse, page 161.
Administration of medicine, page 129.

PRACTICE V

Talk

Bed-making. Demonstration of making up a bed.

Changing sheets. Demonstration of how to change a sheet with a patient in bed.

Practical

Individual practice of above. This needs individual coaching, demonstration is not enough.

Practice of artificial respiration. The positions and timing must be accurate. See page 97 for full description and diagrams. This needs considerable practice.

Reference Notes

Bed-making, page 156.
Changing sheets, page 158.
Artificial respiration, page 97.

PRACTICE VI

Talk

Washing a patient in bed. Instruction by demonstration.

Prevention of bed sores.

Practical

Individual practice of above.

Reference Notes

Washing a patient in bed, page 160.
Prevention of bed sores, page 163.

Talk

Practice VII

Instruction in quickest method of obtaining a doctor, ambulance and police. (See chapter on message carrying.) **Construction of messages, etc.**

Practical

Make fomentations, and invalid drinks.
Practise message carrying.

Reference Notes

Message carrying, page 244.
How to make fomentations, page 167.
How to make invalid drinks, page 176.

Talk

Practice VIII

Revision as desired.

FIRST AID BADGE

1. Prove that she can remember the First Aid in her Second Class and know clauses 13 and 14 of the First Class Test.
2. Show positions of main arteries and know how to stop bleeding from veins, arteries, and capillaries (excluding tourniquets).
3. Know how to recognise fractures and prevent further injuries in fractures and dislocations, understand the dangers likely to attend the moving or handling of the injured in the case of fractures where the extent of injury is unknown.
4. Improvise (a) a stretcher and carry someone on it, (b) splints (c) the padding of splints.
5. Know the ways of carrying an injured person if alone, or with one other helper.
   Demonstrate how to send correctly by telephone a message given to her verbally and in writing.
6. Be prepared, at the test, to give information about three occasions on which she has rendered first aid.
   The teaching and testing of the First Aid Badge should be as practical as possible, aiming at developing the candidate's powers of quick thinking in an emergency. Instructors in this syllabus must have passed the badge on a teaching basis or hold higher qualifications.

General Comments

While the following course of instruction is designed to be used in eight meetings, more time could, with advantage, be given to it. Each meeting should consist of more practical work than theory.

Reference Notes

Preparation before First Aid practices with Guides, and checking of work, page 31.
Preparation before holding a test, page 55.
Hints on testing, page 55.

Practice I

Talk

First Aid as immediate help to an injured person. Observation and deduction to find out what is wrong. Keeping calm and using intelligence, combined with knowledge. Importance of practice. General principles of First Aid.

Practical

Use of triangular bandage. Slings. Sprained ankle. Covering burn dressings.

Reference Notes

General principles of First Aid, page 94.
Use of triangular bandage, page 132.

Practice II

Talk

Elementary knowledge of skeleton and how to recognise fractures. Causes and types of fractures.

Practical

Different types of fractures. Illustrate with wooden skewers. Practise the improvising of splints.

N.B. Guides should not be taught how to splint fractures, but how to recognise them and to guard against moving the patient and causing further injury.

Reference Notes

Elementary knowledge of skeleton, see chart inside cover.
How to recognise fractures, page 119.
Causes of fractures, page 118.
Types of fractures, page 120.

PRACTICE III

Talk

Revise First Aid tests in Guide Second Class., Fainting, choking, shock, treatment of simple cuts and burns. Emphasise the importance of cleanliness.

Practical

Practise dressing cuts and wounds. Make a small quantity of disinfectant solution.

Reference Notes

Fainting, page 113.
Choking, page 111.
Shock, page 124.
Treatment of cuts, page 106.
Treatment of burns, page 110.
Cleanliness, page 268.
Disinfectant solution, page 131.

PRACTICE IV

Talk

Circulation, pressure points, arresting bleeding. Circulation. An elementary knowledge of this is necessary to understand where to find the main pressure points and how to stop bleeding. The essentials only should be taught for arterial, venous, and capillary bleeding. Tourniquets are dangerous and should not be used by Guides. Position of main arteries and pressure points. Demonstration of arresting bleeding by:—(1) Digital Pressure. (b) Pad and bandage. (c) Pad and flexion. (d) Graduated compression.

Practical

Main pressure points. Stopping bleeding, excluding tourniquets. Individual supervision must be given to Guides learning to find pressure points and practising arresting bleeding.

Reference Notes

Circulation of the blood, page 102.
Pressure points, page 103 and chart inside cover.
How to arrest bleeding, page 105.

PRACTICE V

Talk

Shock. Importance of immediate treatment of shock after an accident. The dangers likely to attend the moving or handling of injured in the case of fractures or where the extent of injury is unknown.

Practical

Treatment of shock. Practise covering patient, making tea, filling hot water bottles properly. Place in right position for injured person.

Revision. Pressure points. Arresting bleeding.

Reference Notes

Treatment of shock, page 124.
Covering patient, page 125.
Hot stimulants, page 130.
Hot water bottles, page 175.
Pressure points, page 103 and chart inside cover.
Arresting bleeding, page 105.

PRACTICE VI

Talk

Asphyxia. Its causes and what immediate aid should be given.

Artificial respiration. Demonstration of turning patient to prone position. After-care of patient.

Practical

Improvising stretchers. Let Guides experiment and try carrying someone, then show illustrations in this book.

Artificial respiration. Practise thoroughly in pairs; give careful coaching; individual help is essential, with careful attention to detail. Turning of patient, position of patient's head, and arms, etc.; operator's hands and timing. Treatment for shock and after-care.

Telephoning. Practise telephoning from a private house or call box, and carrying messages.

It is suggested that this practice should take up a whole meeting, the various clauses are of use to Guides doing

Second Class and First Class work, as well as working for this badge.

Reference Notes

Asphyxia, page 96.
Artificial respiration, page 97.
Improvising stretcher, page 237.
Treatment for shock, page 124.
Telephoning, page 251.

PRACTICE VII

Talk

Fire accident, ice accident, unconsciousness from accident and fits. A good method of teaching the above is to describe what should be done for each accident, then demonstrate and give time for practice, before tackling the next.

Practical

Use of clinical thermometer.

Revision. Artificial respiration, to get even action. Other revision as required.

Reference Notes

First Aid in Guide First Class, page 40.
Fire accident, page 189.
Ice accident, page 200.
Unconsciousness from accident, page 112.
Unconsciousness from fits, page 114.
Use of clinical thermometer, page 161.
Artificial respiration, page 97.

PRACTICE VIII

Talk

Revision. All First Aid in the First Aid Badge syllabus, stressing the most vital points under each heading.

Practical

This revision period can be used for practising any section under the First Aid Badge syllabus which by reason of time has been skimped; taking up known weak points with individuals.

PREPARATION BEFORE HOLDING A TEST

HINTS ON TESTING

1. **Guider's responsibility.** When a candidate is ready for a badge test, she should be able to enter for it at once, as it is discouraging for her if there is long delay. To ensure this a Guider should notify her District Commissioner when her Guides start to study for a badge, together with the approximate date at which they will be ready for a test.

2. **Appointment of a Badge Tester.** If a badge is to be taken for which there is no Tester, the District Commissioner will need time (in consultation with the Local Association) to make this appointment and to fix a convenient date for the subsequent test.

3. **The standard of the test.** Should be the highest that the individual girl can attain. A District Commissioner will help her Guiders over this by advising the Testers on this point, encouraging them not to allow poor work to pass but to fail candidates without hesitation in order to maintain or raise the standard if necessary. Being careful however not to discourage, in this way helping the Guide to do better and to try again.

4. **Arrangements for the test.** If the test should be taken at the candidates' Headquarters, their Guider should make enquiries (a) as to how the Tester would like it to be arranged, (b) as to whether she is bringing any equipment that may be necessary, or whether she would like equipment to be produced, and if so, what? (c) whether she will need any refreshment, (d) whether any help can be given in bringing her and taking her back, or meeting her at bus, train, or car, etc.

5. **When tests are taken at a central place.** The candidates' Guider should be sure of time and place, and that her Guides will be punctual. She should make enquiries as to whether her Guides will need to take any equipment with them for their test, or according to time, food or a mug, etc.

(Range of Guide age group—11 to 16 years).

Badge Tests. (Extract from *Policy, Organization, and Rules*, Page 37, Rule 53).

(a) A Board of Testers should be appointed in each district to ensure the standardisation of tests in that district.

(b) Badges are obtainable from Headquarters through the County Secretary only, unless the duties of the County Secretary have been delegated to those of the division or district.

(c) The Local Secretaries, when forwarding their application for badges to the County Secretary, should enclose certificates proving the tests to have been satisfactorily passed. Books of Proficiency Badge Certificates should be held by Secretaries or Guiders. All appropriate badge certificates must be sent to the Secretary with all applications for the First Class Badge or All Round Cords. (Certificates forms obtainable from Headquarters.)

(d) The Captain may pass her own Guides through the Tenderfoot and Second Class Tests.

(e) All other tests must be passed by independent Testers, authorised by the Board of Testers. In no circumstances may the Tester have herself instructed the candidate in that subject.

(f) Candidates for Proficiency Tests must have obtained a Second Class badge.

(g) Certificates of other Associations may only qualify a Guide for Proficiency badges when:
1. The examinations are not easier than Guide Tests.
2. They fulfil the same general purposes.
3. The certificates are of recent date.

(h) The following tests must be re-passed every two years: Emergency Helper, First Aid, Life Saver, Rescuer, Sick Nurse.

(i) A high standard of efficiency should be aimed at, but the actual test should be based on the amount of individual effort expended on the work by the Guide. In order to assist the tester in deciding what personal effort has been put into the test work, an interview with the candidate is an essential part of the test.

(j) Brownies and Guides in open companies, who through physical disability are unable to take the ordinary Second Class or First Class tests may use the alternatives given in the Extension Book.

It should be noted from the above that the testing of Second Class can be done by the candidates' own Guider, but all clauses of First Class, including First Aid, Nursing and Rescue Work, and the Proficiency badges are tested by outside Testers appointed by the District Commissioner and Local Association. Where there are no First Class Testers in a District, these tests are sometimes arranged on a Division or County basis. (*See also notes on Preparation before holding a Test and the Introduction to this book.*)

The Emergency Helper and First Aid badges must be tested by a qualified doctor or nurse. Where difficulty is experienced in obtaining the services of either of these, the County Commissioner may approach a suitable Red Cross or other qualified official. The Emergency Helper badge may be taught by the Guider or any interested person outside the Movement, but instructors for the First Aid badge must have passed this test on a teaching basis or hold higher qualification.

The standard that the Tester may expect. As high and as even a standard as possible should be maintained in every district. Testers should not hesitate to fail the candidates where they feel that there is any doubt of their competence or where ineffective or slack work is done. The candidates may be between the ages of 11 and 16—there is bound therefore to be a difference in ability. High individual effort should be shown in sound elementary work. An extensive knowledge of First Aid is not required. (It is important to be certain that only simple First Aid treatment should be rendered by girls of this age.) THE TEST SHOULD BE AS PRACTICAL AS POSSIBLE. The Testers are asked to prove that the candidate has grasped the essentials of First Aid treatment according to the syllabus of the badge she is taking, together with sensible consideration of the patient. Testers are also especially asked to give credit for the alertness, self-control, and initiative which the candidate may show in her handling of a situation.

It is the aim of the Guide training to bring out these qualities and to develop powers of quick thinking in an emergency.

(Range of Guide age group—11 to 16 years).

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(a) A Board of Testers should be appointed in each district to ensure the standardisation of tests in that district.

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3. The certificates are of recent date.

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(i) A high standard of efficiency should be aimed at, but the actual test should be based on the amount of individual effort expended on the work by the Guide. In order to assist the tester in deciding what personal effort has been put into the test work, an interview with the candidate is an essential part of the test.

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The standard that the Tester may expect. As high and as even a standard as possible should be maintained in every district. Testers should not hesitate to fail the candidates where they feel that there is any doubt of their competence or where ineffective or slack work is done. The candidates may be between the ages of 11 and 16—there is bound therefore to be a difference in ability. High individual effort should be shown in sound elementary work. An extensive knowledge of First Aid is not required. (It is important to be certain that only simple First Aid treatment should be rendered by girls of this age.) THE TEST SHOULD BE AS PRACTICAL AS POSSIBLE. The Testers are asked to prove that the candidate has grasped the essentials of First Aid treatment according to the syllabus of the badge she is taking, together with sensible consideration of the patient. Testers are also especially asked to give credit for the alertness, self-control, and initiative which the candidate may show in her handling of a situation.

It is the aim of the Guide training to bring out these qualities and to develop powers of quick thinking in an emergency.

C. FIRST AID WORK WITH RANGERS

Teaching First Aid to Rangers.
The Value of Outside Experts.
Pre-enrolment Test.
Ranger Service Star.
Samaritan Badge.
The Testing of the Samaritan Badge.
Certificates of Recognised Societies.

TEACHING FIRST AID TO RANGERS

Taken from a different angle to a Guide company often such things as outbreak of fire, message carrying, etc., are taught by different people, and it is most usual for First Aid to be taken by an outside expert either as a short course in the company by Instructors of the British Red Cross Society, St. John Ambulance Association, or The Order of St. Andrew, etc., or by those Rangers who are interested and possibly specialising, attending detachment lectures and taking the Societies' examination.

Co-operation of this sort is most valuable wherever it is possible. Equally where an Instructor is coming to a Ranger company invitations can be sent to members of other organisations so that others can have the chance of sharing the privilege of the expert help that has been enlisted. For example, members of the Young Farmers' Clubs, N.A.B.C. and N.A.G.C., Rovers, Y.W.C.A., etc. The number of entries for the course, however, should be kept small. It is very important that a section for training should not be big, otherwise individual coaching is out of the question, and during practical work it is not possible to check the work done.

When an accident happens it is important that the Ranger should keep her head, but it is equally important that she should know the right thing to do. The responsibility of the Guider should be to introduce practice in the form of staged emergencies to prove that the theoretical knowledge has been absorbed and can be put into immediate action when needed.

PRE-ENROLMENT TEST

Treat for shock and show simple methods of stopping bleeding.

General Comments on Teaching First Aid in the Ranger Pre-enrolment Test

When an accident happens it is important that a Ranger should keep her head, and knowing what to do helps her carry through the necessary practical help with calm assurance. To save a life may fall to the lot of anyone at any time, and two of the most vital things to know are how to treat for shock and arrest bleeding.

After an accident the sufferer should be kept as warm, comfortable and confident as possible. Full details for the treatment of shock are given on page 124, and this should be re-read before teaching or revision work is taken in the company.

Simple methods of arresting bleeding should cover immediate aid for arterial bleeding. A person badly cut can bleed to death in a few minutes, so prompt action is necessary. The qualified Ranger First Aider has to learn the principles of the circulation of the blood, pressure points, etc., but for the pre-enrolment test it is sufficient to know how urgent is the need to stop bleeding and what to do in the first few minutes, such as how to raise the limb, applying pressure direct on the wound (or round it in the case of glass in the wound), how to lay the patient down and treat for shock. Rangers should practise this so that in a case of emergency utmost speed can be used.

Pressure is obtained best by pressing one thumb on top of the other on the wound; added strength can be given by getting a second person to press her thumbs on top, and in a case of severe bleeding this is the first thing to do. While pressure is being applied, directions can be given for telephoning for a doctor, making a pad, and finding or improvising a bandage, and so forth. If these instructions are followed, valuable elementary First Aid will have been given

before expert help arrives. Common sense must be used, and where bleeding is less severe treatment should be given accordingly.

Before practising in the company the 'Arresting of Bleeding' on page 103 should be re-read, and the essential points picked out so that these can be dealt with as simply as possible, giving the recruit Ranger a background in two vital subjects in First Aid, which, if taught practicably and tested well, may stand her in good stead at any time.

THE RANGER SERVICE STAR

1. Be able to deal with outbreak of fire (including forest or moorland fires) and know how to use at least one type of fire-extinguisher.
2. Be able to deal with the following:
   Severe bleeding, asphyxiation (including electrical shock), fractures (for prevention of further injury), wounds and burns.
3. Be able to take clear messages and give precise directions to a stranger in her neighbourhood.

General Comments on Teaching First Aid for the Ranger Service Star

A Ranger who is qualifying for the star should do so on a high standard. The various clauses of First Aid should be dealt with thoroughly, and in setting-out suggestions for a lecture course the great advantage of the whole meeting being reserved for the various sections must be stressed. Where a series of meetings of a reasonable length cannot be kept for this, less ground should be attempted at a time, and the subject matter spread over a considerably longer period than six meetings.

Where certain sections are taken by outside experts practical revision should still be given before testing. In practising all work should be carefully checked, and extra help given where it is needed.

Qualifications for a pass in the First Aid section of the

Ranger Service Star should be set on practical, and not theoretical knowledge only; to this end the value of trying out by practice of emergencies should be used to the full to test how far the training is remembered. Where mistakes occur there should be careful revision.

In all practices the way in which injuries are handled should be noted and whether a Ranger remembers that she is treating a person and not just an injury.

In the training in every clause, common sense and adaptability to circumstances should be encouraged, and Rangers should learn not to fuss, not to over-treat any injury; to be alert, to act quickly, remembering also that it is as important to know what not to do as what to do, and to recognise when an accident is needing expert help, how to obtain that help and what can and should be safely done to help the patient until it comes.

Revision of emergencies is equally valuable for everyone in the company as well as for a recruit practising for the first time, and should be a periodical part of the programme of a Ranger company.

Suggestions for a Course of Eight Lectures

Lecture 1

Talk

How the Circulatory System works. INTRODUCTION—General principles of First Aid. Types of bleeding. Severe bleeding and how to arrest it. Nose bleeding; internal bleeding.

Practical

Finding pressure points. The main pressure points should be known, i.e. head—in the temple and near the ear; face—in the jaw; arm—in the upper arm, elbow and wrist; leg—inside the thigh and at the ankle (see chart).

Great care should be taken when practising not to apply pressure for too long.

Pressure with pad and bandage; pad and flexion; graduated compression; use of triangular and other bandages when dealing with bleeding.

Reference Notes

General principals of First Aid, page 94.
Circulatory system, page 103.
Types of bleeding, page 106.
Severe bleeding and how to arrest it, page 105.
Nose bleeding, page 107.
Internal bleeding, page 107.
Pressure points, page 103 and chart inside cover.
Use of triangular and other bandages when dealing with bleeding, page 104.

Lecture II

Talk

The framework of the body; principal bones; causes of fractures; types of fractures; treatment for prevention of further injury. Treatment for shock.

Practical

Improvising splints; demonstration and practise of splinting.

It should be remembered that the splinting of fractures should only be undertaken by experts, except where no medical aid is available. The patient should not be moved before the arrival of a doctor. The fractured limb should be supported without any movement if possible, and the patient propped in a comfortable position and treated for shock. Splints can be improvised and kept ready (see page 147). The Ranger should hold herself ready to act as an assistant if required with putting on splints, but no attempt at splinting should be made before the arrival of a doctor.

Reference Notes

Treatment of shock, page 124.
Treatment of fractures, page 118.
Splints, page 138.

Lecture III

Talk

Suffocation (or Asphyxia). How the respiratory system works. The likely causes of suffocation.

Practical

Turning of unconscious person from the supine to prone position. Artificial respiration position; timing, changing with another helper without interrupting rhythm.

Reference Notes

The likely causes of suffocation, page 96.
Treatment of suffocation, page 97.
Turning of unconscious person, page 97.
Artificial respiration, page 97.

Lecture IV

Talk

First Aid in accidents caused by electricity. The elements of the working of electricity.

Practical

The necessary precautions in freeing a person from an electric current. Subsequent treatment. Including further practice of artificial respiration.

Reference Notes

The elements of the working of electricity, page 196.
The necessary precautions in freeing a person from an electric current, page 197.
Subsequent treatment, page 198.
Artificial respiration, page 97.

Lecture V

Talk

Revision. Bleeding, (including internal bleeding and nose bleeding). Method of arresting bleeding.

Practical

Revision. Pressure points. How to arrest bleeding by:—Digital pressure. Pad and bandage. Pad and flexion. Graduated compression.

Reference Notes

Types of bleeding, page 106.
Methods of arresting bleeding, page 105.
Pressure points, page 103 and chart inside cover.

Talk LECTURE VI

The Treatment of burns. The treatment of wounds. The importance of cleanliness.

Practical

(a) **Burns and their dressing.** The making of a face mask. Measurement of bicarbonate of soda solution.
(b) **The mixing of disinfectant solution and the dressing of wounds.**

Reference Notes

The treatment of burns, page 110.
The making of a face mask, page 143.
Measurement of bicarbonate of soda solution, page 131.
The treatment of wounds, page 128.
The mixing of disinfectant, page 131.

Talk LECTURE VII

Outbreak of fire. Prevention, warning, entering burning building, rescue work, use of fire extinguisher.
The importance of messages in connection with First Aid. The key things to remember in receiving and passing on messages. How to use a telephone. How to deal with forest or moorland fires.

Practical

Outbreak of fire. Rescue work, message carrying. Telephoning. Use of fire extinguisher.

Reference Notes

Prevention of fire, page 188.
How to raise the alarm, page 190.
How to enter a burning building, page 190.
Rescue work, page 230.
Message carrying, page 244.
How to use a telephone, page 251.
How to use a fire extinguisher, page 191.

LECTURE VIII

Talk

Revision. Stressing the most vital points under each heading. Careful thought should be put into this lecture and practice so that points are made clearly and the instructor can feel satisfied that she has covered the necessary scope of the training.

Practical

Revision. This revision period can be used for emphasising or practising any section under the syllabus which by reason of time has been skimped. Taking up known weak points with individuals.

Reference Notes

Reference notes of all Lectures.

TESTING FOR THE RANGER SERVICE STAR

Where a Ranger already holds a qualification for any section of the clauses under the Ranger Service Star this may count towards her test, but does not exempt her from the final all-round test, which may include all or any of the First Aid clauses, and will aim at proving practically that she can, through her knowledge and common sense, carry out the First Aid which she has learned.

SAMARITAN

A. First Aid

1. Know the position of the principal bones, and how to prevent further injury in the case of fractures or dislocations; make and pad a splint; treat sprains and strains; improvise a splint; be able to act as an assistant if required in the splinting of fractures.
2. Apply a triangular bandage to the head, elbow, hand, knee, ankle, and foot, and demonstrate three types of arm sling.
3. Know the difference between arterial bleeding and venous bleeding, and know the position of the main arteries; know how to check bleeding, and how to treat nose bleeding.
4. Know ways of supporting a patient alone, and carrying with the help of others.

5. Render First Aid in the following cases: burns and scalds (both severe and slight), blisters, choking, bites, stings, grit in the eye, wounds both clean and dirty.
6. Know the chief signs and treatment of the following: fainting, hysteria, shock, fits, suspected concussion, internal hæmorrhage, and the general treatment of an unconscious patient.
7. Demonstrate Schafer's method of artificial respiration, and know when it should be applied.

B. Home Nursing

1. Understand the value of warmth and fresh air in sickness; demonstrate the ventilation of a given sick room.
2. Understand the care of a patient; make a bed with a patient in it; improvise and show how to use a draw sheet, hot-water bottles, foot cradle, knee pillow (donkey), and back rest. Know how to give a bed-pan and how to prevent bed sores. Understand the care of the mouth and hair.
3. Take and record a temperature, pulse and respiration; know normal temperature and serious variations.
4. Know the general precautions necessary when nursing infectious cases, including the common cold.
5. Make and apply fomentations, cold compresses, and understand the reasons for care in giving medicines, aperients, stimulants and sedatives.
6. Apply a roller bandage for a finger, thumb, ankle, knee, eye, ear, and head.
7. Make barley water, a nourishing broth and a milk food, and three dishes suitable for invalids on a light diet.

General Comments on Teaching Rangers

First Aid

While the following course of lectures is designed to be used in two courses of six meetings, more time could with advantage be given to it. Each meeting should consist of more practical work than theory.

The St. John or Red Cross manuals will be found to cover all the points not dealt with below. These notes are designed to emphasise both the points of special importance for Rangers, and those which examination have shown to be most often misunderstood.

Preparation before First Aid, practical and checking of work, pages 31 and 58.

Hints on Testing, page 74.

Suggestions for an Instruction Course

(A) First Aid

Lecture I

Talk

Introduction to the nature and scope of First Aid. Point out: Responsibility of Ranger to be prepared for sudden emergency. Need for practice to become a dependable First Aider. Power of observation and self-control needed as well as skill and knowledge. First Aid is immediate help to an injured person, and consists of three parts—deduction, decision, action. Deduction, sometimes called diagnosis, means finding out from the patient, *and* all the accompanying circumstances what is wrong. Decision means making up your mind what to do, e.g., whether you can treat the patient or whether it will be a doctor's job; whether the case should be moved before or after treatment, and so on. This part of First Aid is very important. Finally, action requires no explanation, for it is the carrying out of what you have decided should be done.

The Anatomy of the Body. General information as to structure, bony framework, and anatomy of the body is vital so that the First Aider may have understanding with regard to the treating of injuries. Long names are of lesser importance, but those of the main bones and arteries, etc., are of importance in order that parts referred to may be immediately recognised. Lecturers are advised to use a chart.

Practical

The triangular bandage and its use in First Aid. Its use for covering dressings should be demonstrated and practised, together with how to fold it for slings, and to put away after use. The tying of a reef knot should be checked or taught where necessary.

Shock. The treatment of shock should be dealt with practically. Avoid the use of imaginary apparatus.

Reference Notes

Introduction to the nature and scope of first aid, page 94.
Anatomy of the body, see chart inside cover.
The triangular bandage and its use in First Aid, page 132.
Shock and its treatment, page 124.

Talk LECTURE II

The Blood and its circulation. Use chart and illustrations in this book to show circulation of blood through arteries and veins to lungs. Explain: Circulation. How blood from arteries, veins and capillaries can be recognised. How to find pressure points. Methods of arresting bleeding. Internal bleeding, signs and treatment.

Practical

Pulses.

Methods of arresting bleeding.

Pressure Points. The finding of pressure points and the different methods of arresting hæmorrhage should be thoroughly practised and fully checked. So also should the first essentials of First Aid for arterial bleeding, e.g., laying patient down, raising limb, digital pressure, etc.

Reference Notes

The blood and its circulation, page 102.
How to recognise blood from arteries, veins, and capillaries, page 106.
How to find pressure points, see chart inside cover.
Methods of arresting bleeding, page 105.
Internal bleeding, signs and treatment, page 107.
Pulses, page 161.

Talk LECTURE III

Respiration. Asphyxia and its causes (e.g., drowning, electric shock, etc.). A brief explanation of the respiratory system is necessary. Demonstration of method of removing victims from smoke, fumes, etc., should be shown at the

time of indicating causes of asphyxia. This should be followed in each instance with the immediate First Aid treatment and after-care.

Practical

Schafer's method of artificial respiration. It is necessary to devote a full practical period to this training and all Rangers must practise it, and preferably be patients also. As well as careful practise of Schafer's method of artificial respiration the turning of an unconscious person from supine to prone position should be shown. It is also advisable to demonstrate Laborde's method of resuscitation.

Reference Notes

Asphyxia, page 96.
Fire rescue work, page 189.
Artificial respiration, page 97.
The turning of an unconscious person, page 97.

LECTURE IV

Talk

Wounds and their cleansing. The causes and treatment of wounds. The danger of germs, why cleansing is so important. The importance of clean dressings. How to improvise when out of doors. How to cleanse cuts with saline or disinfectants. The use of acriflavine, etc.

Practical

Cleansing and dressing a wound. (Marked on the skin with ink, or better, a skin pencil). Washing of hands, and cutting and applying of dressings should be practised individually.

Revision. Previous practical work and/or more bandaging.

Reference Notes

Wounds and their cleansing, page 128.
Bandaging, page 141.

Lecture V

Talk

Fractures and their treatment. Special emphasis on fractures of the skull. Revision of framework of the body. Dislocations. Causes, types, and signs of fractures. Treatment of fractures. Danger of complications.

Concussion. (Head injuries).

Practical

Splints, and the use of the body as a splint. Improvising of splints, and immediate aid for fractures should be carefully demonstrated. Time should be allowed for thorough practice; at the meeting individual work should be checked carefully and First Aiders should be urged to follow this up at home, revision and practical work being essential.

Reference Notes

Fractures and their treatment, page 118.
Concussion, page 112.
Splints and the use of the body as a splint, pages 137, 222.
Improvising splints, page 147.

Lecture VI

Talk

Miscellaneous injuries. Burns, scalds, stings, choking, foreign bodies in the eye, fainting, hysteria, fits. Notes on the treatment of these injuries will be found in the chapter on General Information in this book. It should be remembered that practical demonstration wherever possible is of the greatest value, and second only to practical work.

The Transport of the injured. This should include: drags, hand-seats, lifts, and stretcher work. An improvised stretcher should be made.

Practical

Hand-seats and improvised stretchers. Further practice with fractures and artificial respiration.

Reference Notes

Burns and scalds, page 110.

Choking, page 111.
Fits, page 114.
Stings, page 108.
The transport of the injured, page 224.
Hand-seats, page 227.
Improvised stretchers, page 237.
Carrying stretchers, page 235.

Note. **Certificate of recognised societies.** A Ranger may decide to take the full certificate of a recognised Society, (see page 26) while studying the First Aid section of the Ranger Service Star. This, if she passes the examination, will qualify her for the certificate of the recognised Society. This does not, however, exempt her from a test of (a) demeanour in, and (b) the handling of emergencies, at the time of her final test.

(B) Home Nursing

Lecture I

Talk

The chief signs and symptoms of illness, which would make it necessary to send for a doctor.

Care of a person in bed. A Ranger's attitude towards someone ill. Choice of room, its preparation and maintenance, including warmth, fresh air and ventilation.

How to improvise equipment. Including a foot cradle, knee pillow, back rest, etc.

Practical

Bed-making. This can be done first as a demonstration, followed by Rangers in pairs changing sheets and drawsheets with a patient in bed. While awaiting their turn, other Rangers can be practising envelope corners on spare bedding, and rolling sheets quickly and neatly ready for their turn at changing them on the practise bed.

Reference Notes

The chief signs and symptoms of illness, page 128.
Care of a person in bed, page 154.
How to improvise equipment, page 173.
Bed-making, page 156.

Lecture II

Talk

How to take a temperature, pulse, and respiration.

How to record them on charts.

Administration of medicines. Such as aperients, stimulants, sedatives, with necessary precautions. (The above should be accompanied by demonstrations.)

Practical

All the ground covered by the lecture and demonstration should be practised by each individual. A small jar of disinfectant solution will be necessary for the thermometer. Dettol should NOT be used. Have bottom of jar covered with a fairly thick pad of cotton wool. Charts can be bought very inexpensively and are easier to understand if actually seen and practised with than from description.

Reference Notes

How to take a temperature, page 161.
How to take a pulse, page 161.
How to take respiration, page 163.
How to record them on a chart, page 162.
Administration of medicines, page 129.

Lecture III

Talk

Infectious case. The spread and prevention of infection. Isolation and precautions in nursing. Various types of infection.

Roller bandaging. Demonstration, how to roll a bandage. Recognised rules for bandaging. Methods of bandaging, simple spiral, reverse spiral, figure of eight, spica.

Practical

Revision of bed-making. Including changing of sheets.

Roller bandaging. It is most necessary to practise bandaging immediately after the demonstration while it is fresh in the memory, and to check individual work. It is also advisable for the Rangers to practise at home during the subsequent week. It has been proved that where hard

practice over a week has followed the demonstration of the different types of bandaging, the right way to do it remains in the mind and saves endless work and confusion if bandages are only half remembered.

Reference Notes

Infectious disease, page 168.
Roller bandaging, page 141.
Bed-making, page 156.
Changing sheets, page 158.

Lecture IV

Talk

Care of a patient in bed. How to give a blanket bath. How to prevent bed sores. How to care for hair and mouth. How to make hot and cold fomentations.

Practical

Washing a patient in bed. (A blanket bath). (a) Sometimes it is possible to borrow from a local B.R.C.S. or St. John Detachment a life-sized doll on which to practise. (b) A Ranger as patient is another possibility. The method of washing and drying (even if only done on face, arms and neck and legs) is well worth attempting and the difficulties of keeping the water the right temperature, the patient covered, quick but gentle washing and drying of someone else will soon be mastered. (c) Sometimes Rangers are allowed to help in small hospitals and where this is allowed and the Ranger has time to fit it in with her work it is indeed a valuable experience.

Hot and cold fomentations. It is advisable to divide the Rangers so that some are practising the making of fomentations while others are washing 'the patient' in bed.

Reference Notes

Care of a patient in bed, page 154.
How to give a blanket bath, page 160.
How to prevent bed sores, page 163.
Care of hair and mouth, page 165.
How to make hot and cold fomentations, page 167.
Washing a patient in bed, page 160.

Talk

Lecture V

Demonstration of making invalid food and drink. This can sometimes be followed with great success by a competition among the Rangers themselves the following week. Notes should be clearly given.

Discussion on arranging attractive trays for the sick room. This can be accompanied by demonstration of one or two arranged trays, (samples, perhaps of both good and unattractive arrangements).

Practical

The arranging of flowers for the sick room.
Checking notes on invalid cookery.
Recipes (when time allows).
Revision. Roller bandaging. Bed-making.
This practical period can be divided up into groups as desired.

Reference Notes

Invalid food and drink, page 176.
Arrangement of trays for the sick room, page 176.
Arrangement of flowers for the sick room, page 155.
Roller bandaging, page 142.
Bed-making, page 156.

Talk

Lecture VI

Revision of all First Aid under Samaritan syllabus. Stressing only most vital points under each heading.

Practical

Revision. This revision period can be used for emphasising or practising any section under the Samaritan syllabus on First Aid and Home Nursing which by reason of time has been skimped, taking up known weak points with individuals.

Teaching and Testing

Where arrangements can be made for Rangers to attend a course of lectures by a recognised Society and qualify for

the certificate which follows the subsequent examination, they should be encouraged to do so. (This does not mean it is incumbent upon them to join the Society.)

Lectures on the Samaritan badge should be given by experts, and the tests arranged as indicated in the footnote.

Guiders. The teaching and testing of the Samaritan certificate should be as practical as possible, aiming at developing the candidate's power of quick thinking in an emergency.

Instructors must have passed this certificate on a teaching basis, or hold higher qualifications.

The certificate must be tested by a qualified doctor or nurse. Where difficulty is experienced in obtaining the services of either of these, the County Commissioner may approach a suitable Red Cross Instructor or other qualified official.

The certificate will be awarded to a Ranger who has passed the Preliminary State Examination Certificate in General Nursing.

Diploma Tests. In exceptional circumstances where a Guider owing to lack of local facilities is unable to take the certificates of recognised Societies, the Samaritan qualifies towards a diploma test.

D. FIRST AID WORK WITH EXTENSIONS

It is very important to remember that whenever possible Extension Guides should take the ordinary Guide tests, and that their training should be practical and to the peak of their capacity.

When Extensions take such badges as the First Aid or Emergency Helper Badges for Guides, it is possible for them to direct others in such clauses as the improvising and carrying of a stretcher if they themselves are unable to do so. It is most beneficial for Extension Guides to have much expected of them.

Guiders are urged to attend trainings and bring back ideas which may have to be adapted but which should still be kept as near the normal Guide training as possible.

Details of every clause of the Extension Sick Nurse Badge may be found written up fully in this book and the following course of instruction may serve as a method of suggesting how the training can be carried out.

Just as in all tests in Guiding, it is urged that whenever possible longer time should be given to practical work than to theory, and that only where real incapacity of movement makes it essential should the badge be awarded where parts of the test are passed on theoretical knowledge only.

Where the alternative Extension tests are used, owing to physical or mental disability, note should still be taken of the hints on preparation and teaching of tests to Guides, page 31, and hints on testing, page 55, although the following instruction course is arranged over six lectures, a longer period of time may with great advantage be spent on it.

Lecture 3 and 5 can then be spent on revision work.

EXTENSION GUIDE SICK NURSE BADGE

Understand:

1. The preparation of a sick room; its ventilation and heating.
2. The preparation of a bed for a patient; changing sheets, and prevention of bed sores. Use of room and clinical thermometers. Pulse and respiration. Washing and dressing a patient.

3. The growth and prevention of germs of disease.
4. The general rules for nursing measles, chicken pox, whooping cough, mumps and influenza, under the instructions of a doctor, and the precautions necessary when dealing with a case of consumption at home.
5. Administration of medicines and the external application of remedies.
6. Treatment with heat and cold, including fomentations.
7. Feeding in sickness and convalescence.
8. Know the signs and symptoms of illness that would lead you to send for a doctor.
9. Show proficiency in roller bandaging. (If necessary, the badge may be awarded on a theoretical knowledge of parts of the test, provided the candidate is able to give instructions so that others can carry out the correct treatment.)

Suggestions for an Instruction Course

Lecture 1

Talk

The general principles of nursing, with hints to the nurse. The choice of the sick room, its preparation, ventilation and heating. The value of warmth and fresh air in illness.

Practical

The preparation of a bed for a patient. Changing of sheets, prevention of bed sores. (Where those taking the test are themselves bedridden, a doll's bed can be improvised in order that they can themselves demonstrate bed-making, etc.)

Reference Notes

General principles of nursing, page 154.
Hints to the nurse, page 154.
Choice of sick room, page 155.
Ventilation, heating, page 155.
Value of warmth and fresh air, page 155.
Bed-making, page 156.

Talk

LECTURE II

1. **The signs and symptoms of illness that would lead you to send for a doctor.**

2. **How to take a temperature,** pulse and respiration and how to record them on a chart.

Practical

Practise with thermometers and in taking pulses.

Roller bandaging. This should consist of learning how to roll and hold bandage ready for use, and one or two simple bandages, according to time available.

Reference Notes

Signs and symptoms of illness, page 128.

How to take a temperature, pulse and respiration and record them on a chart, page 161.

Roller bandaging, page 142.

Talk

LECTURE III

The growth and prevention of germs of disease. General rules for the nursing of measles, chicken pox, whooping cough, mumps and influenza, and the precautions necessary when dealing with a case of consumption at home.

Practical

Feeding in sickness and convalescence. Demonstration and practise in making invalid dishes.

Reference Notes

General rules for nursing of infectious cases, page 169.
Consumption, page 172.
Invalid cookery, page 176.

Talk

LECTURE IV

Washing a patient in bed.

Dressing a patient.

Demonstration of roller bandaging.

Practical

Thoroughly practise all the above. A doll may be used for bedridden patients to practise giving blanket baths.

Reference Notes

Roller bandaging, page 142.
Washing a patient in bed, page 165.

Talk

LECTURE V

The administration of medicines, including external application of remedies.

Fomentations, etc.

Practical

The measuring of medicine, etc., should be practised individually; the cutting of dressings, preparation of fomentations, cold compresses, etc., should all, if possible, be carried out by every individual taking the badge. Containers for boiled dressings may be made. If time, **roller bandaging.**

Reference Notes

The administration of medicines, page 129.
Fomentations, page 167.
Roller bandaging, page 142.

Talk

LECTURE VI

Revision of talks in the badge syllabus, stressing the most vital points under each heading.

Practical

This **revision period** can be used for practising and in the course of instruction which by reason of time may have been skimped, taking up known weak points with individuals.

EXTENSION RANGER SERVICE TEST

Health Group

Know what precautions can be taken to prevent the spread of infectious illnesses, including the common cold.

Prepare a sick room and understand the care of a patient.

Service Group

Know what to do in case of fire, including treatment of burns and suffocation. Perform artificial respiration.

Recognise the symptoms of shock and know the immediate treatment to be given. Know the general principles to follow in case of hæmorrhage, and how to deal with minor cases, such as bleeding from the nose, socket of tooth, or finger.

Apply dressings and triangular and roller bandages, and know the types of injury for which they should be used. Be able to act as an assistant in the splinting of fractures.

In training for the First Aid clauses of these groups the Extension Ranger should first study the general principles of First Aid, see page 94. It is then suggested that a short course of instruction should be given, taking the clauses in the Extension Ranger test as headings for talks and practical work. All these clauses are written up in detail in this book.

The First Aid training of Extension Rangers should be taken from an adult point of view, stress being laid on service to others.

Tests for Extensions (Extract from P.O.R.).

Guides and Brownies

(a) If, owing to physical or mental disability, the ordinary tests are not suitable, the alternative tests given in the Extension Book may be used. No other alternatives may be used unless approved by the Commissioner for Extensions. Extension Guides may take Extension proficiency badges (see Rule 71), Blue First Class (see Rule 52), and Blue All-Round Cords (see Rule 54).

(b) Guides over 16 may take the ordinary Ranger certificates.

(c) Local testers should test whenever possible, but in special cases a member of the staff (other than the Guider or Instructor) may test, provided the District Commissioner gives her permission.

E. HEALTH AND FIRST AID IN CAMP

Introduction.
Camper's Licence.
Camp First Aid Test.
The Camp Certificate
Patrol Leader's Permit.
First Aid Tent and Equipment.

THE APPROACH TO FIRST AID IN CAMP

Camping is a health-giving occupation, and the art of good camping is skilfully to fend for oneself with no superfluous equipment. These two characteristics point to the right line of approach over the question of health in camp. No Guider will view lightly her responsibility of taking other people's children to camp. Adequate preparations for dealing with accidents and illness must therefore be made, but it is comforting to remember that emergencies of this kind are the exception rather than the rule. Make your preparations, do all in your power to be ready for emergencies, then go forward with confidence, hoping and expecting that none of your preparations will be needed.

The second point is that the hall-mark of First Aid treatment in camp should be simplicity. Take what is necessary, no more. If two remedies have equal value, always take the one that has a dual purpose. True First Aid generally suggests improvisation. Do not try to have a complete hospital; your duty is to render First Aid in camp. Be simple, thorough, use common sense, remembering always the golden rule, 'send for the doctor'. If it is necessary to ask a doctor to visit a camp, very careful directions should be given to him. He cannot afford the time to search for you all over a thousand-acre farm.

The following pages contain the health clauses of the various camping tests and detailed information on the different aspects of health and First Aid covered by them. The authors of *Campcraft* never talk about the 'hospital tent', but always the 'First Aid tent'. The reason for this is that, while it is our duty as far as possible to be prepared for

any emergency, the Guide outlook is one of positive fitness, and the last thing we want to do is to dwell upon ill-health. Camp, however, is an excellent place in which to gain experience of First Aid and the practice of it. First Aid equipment can become part of the camp gear, like ropes for knotting, wood for gadget-making, and all the other useful things that are part of everyday life in camp.

In a free and beautiful setting, unhampered by the cramping conditions of many urban homes, the Guider is able to show her company life in a Guide community. Camp provides the best place for all practical Guiding and is one of the finest schools for character-training. The whole person has a chance to grow and develop. It is from this point of view that Guiders should approach the question of health in camp.

A happy camp is a healthy camp, and as it is comparatively easy to keep Guides happy in camp it should follow that it is not difficult to keep them healthy as well. Gone are the days when people 'enjoyed poor health'. The attitude of mind nowadays is that it is a duty to the community to keep fit, and that it is 'better to hunt in the fields for health unbought than fee the doctor for nauseous draught'. However, if any Guide is unfortunate enough to fall ill in camp she should be given every possible attention and care; and mishaps of this sort, though fortunately rare, should not in any way be allowed to disorganize the rest of the camp.

The health of the campers as a whole depends, to a great extent, on the Commandant. If she goes to camp tired and overwrought it is bound to react on the Guides. Also, if she is over-anxious and expecting Guides to be ill, instead of assuming that they will be well, this, too, will have its effect on the camp. The essentials are, therefore, to start preparations in good time; to take adequate help; to be prepared for any emergency, but to fear none.

Emergencies

Every camp should have accommodation available in case of accident or illness. This may be a sleeping tent which can be easily freed for the purpose, or some other tent equally available. There may be a special First Aid tent,

but it is better to avoid the name 'hospital' tent and the display of medicines and dressings which, in some camps, have been known almost to produce illness by creating the wrong atmosphere. At the same time, whoever is responsible for First Aid must be able to lay hands on the necessary materials at a moment's notice, and must know exactly how the First Aid tent can be adapted in case of emergency.* The Commandant need not take charge of this herself, but the ultimate responsibility is, of course, always hers. A holder of the Camp First Aid certificate can be relied on to understand First Aid work under camping conditions.

The headquarters of the St. John Ambulance Brigade, the St. Andrew's Ambulance Association and the British Red Cross Society have lists of members who have volunteered to assist at Guide camps. (For further information see *The Camper's Leaflet* for the current year.)

The Camp First Aider should provide the Commandant with a list of the supplies and equipment she needs.

The health forms should be handed over to her, and the Captain should go over them with her to explain any details about the Guides, so that she knows if it is necessary to take special care of any particular Guide. (This should be done, of course, without the Guide's knowledge.) She should also watch the effect of bathing on the Guides and should know if any one is unfit to bathe.

A medical inspection is an advisable safeguard if by any chance the Guides are not known to the Guider, but where numbers are small, and the conditions of every Guide familiar to the Guider, the risks incurred by doing without this precautionary inspection are comparatively slight. It might also be omitted in the case of school companies who have already been overhauled by the school doctor.

The doctor's name, address and telephone number should be posted on the notice board, and should also be given to the Camp First Aider to put in a prominent place near the First Aid supplies. If the doctor lives near the camp it is a good plan to include the noticing of his house in a game, so that no time may be lost in delivering an urgent message should an emergency occur.

* The person in charge of this department should have had some experience in Sick Nursing, and should be able to rise to an emergency.

If a doctor has to be called, the Camp First Aider should ask him to sign his instructions (which she has written down) before he leaves, and should ask him, if the case has been at all serious or involves insurance, to provide her with a note saying that his instructions have been carried out. She should remember, too, to ask him for his account.

If the campers are insured, any illness or accident which occurs should be notified to Headquarters at once.

First Aid tent and lists of stores, medicines, etc., page 88.

THE CAMPER'S LICENCE

The Camper's Licence test stresses the excellent effect that good camping has on the health of the campers. This is shown by the second part of the test, which reads:

"In regard to health must show a knowledge of:
Food: its cooking; storage.
Protection from cold and wet by day and night.
Airing and drying.
Sanitation and water supply."

Then follows the 'Health and First Aid Section'.

"1. Know the general rules for the care of health in camp. For these see page 81.
2. Know how to prepare a First Aid tent and how to take precautionary isolation measures. See page 88.
3. Draw up a list of medicine-chest stores, and understand their uses, including that of a clinical thermometer. See page 90.
4. Be able to render First Aid in emergencies which might occur in camp. Amongst others, these should include the treatment of shock, bleeding, fractures, sprains, burns, bites (including snake bites), stings, concussion. For instruction on these see the Camp First Aid Test."

The whole of the information given under the Camp First Aid test could usefully be studied by Camper's Licence candidates as well as the chapter on Health reprinted from *Campcraft*.

The Test. A question on health and First Aid will probably be included in the Licence paper. The practical part of the test usually takes place in camp. There are two methods of testing for the Camper's Licence, and the way the Health and First Aid Section is tested will depend on which method is adopted.

1. The candidate may be tested at the training camp. In that case she will probably be given an oral test on the arrangement and contents of the First Aid tent and a practical test to include such things as taking a temperature and putting on a fomentation, and she may be faced with an emergency with which she has to deal.

2. She may be tested for the Licence at her own company camp, at or near a group camp, after having been to a training camp. In that case the tester will take into account the arrangements the Guider has made for dealing with First Aid in her own camp, where, as Commandant, whether she is acting as her own First Aider or not, she is ultimately responsible for the safety and well-being of the campers. In addition to this, she will probably be given some practical and oral test as described above.

THE CAMP FIRST AID TEST

Qualifications

Have camped under canvas.

Be recommended by her Commissioner and Camp Adviser, and have had practical experience which should be kept up to date.

Test

(a) Know the general rules for the care of health to ensure campers benefiting from their life in camp.

(b) Prepare a First Aid tent and know how to take precautionary isolation measures. Draw up a list of medicine-chest stores, understand the administration of medicines and the external application of remedies. Use a clinical thermometer and take a pulse.

(c) 1. Know how to prevent and treat shock, both immediate and delayed.
2. Stop bleeding (including nose bleeding) and cuts with glass, and be able to treat septic wounds.
3. Render First Aid in the case of: fractures, sprains, bites (including snake bites), stings, burns, clothes on fire, fainting, concussion, heat-stroke, epileptic and hysterical fits.
4. Deal with cuts, boils, blisters, sunburn, colds, sore throat, headache, earache, toothache, abdominal pains, eye injuries, dirty heads.
5. Know the general rules for the treatment of poisoning.
6. Know the indications of serious illness.

(d) Know how to carry an injured person and how to do artificial respiration (Schafer's method).

'The County Camp Adviser is responsible for arranging the training and testing of this test. The tester should be a doctor or nurse or other qualified person, in conjunction with a thoroughly competent camper appointed by the County Camp Adviser.'

The above quotation from P.O.R. shows the kind of test that will be given to candidates for the Camp First Aid test. They will be expected not only to prove in a practical way that they have the knowledge required for the test, but also that they can apply their knowledge under camp conditions.

General rules for care of health, page 81.
Preparation of tent, page 88.

Precautionary Isolation Measures

A camper suffering from a bad cold or with symptoms of any infectious illness should move into a tent by herself—either the First Aid one, or another vacated for the purpose. She should take her own bedding and all belongings with her. It may be advisable to keep feeding utensils in the tent, and to wash them separately. Consult a doctor, and if the camper is really infectious he will probably advise her removal to her own house or a hospital. An eye should be kept on the Guides with whom she has been in contact. An overall should be worn while attending to an infectious patient, and removed and hands washed before starting another job.

If any further measures are necessary the doctor will advise on them. Sun and air are good disinfectants and purifiers.

Medicine-chest stores, page 90.
Administration of medicines, page 129.
Clinical thermometer and pulse, page 161.
Shock, page 124.
Bleeding, cuts and wounds, page 103.
Fractures, page 118.
Sprains, page 117.
Burns, page 110.
Fainting, page 113.
Concussion, page 112.
Sunstroke, page 117.
Epilepsy, page 115.
Boils, page 109.
Bites, page 108.
Stings, page 108.
Clothes on fire, page 189.
Sunburn, page 127.
Hysteria, page 116.
Blisters, page 109.

THE CAMPCRAFT CERTIFICATE

'Render First Aid in emergencies which might occur in camp, and give a list of First Aid equipment suitable for Ranger Week-ends.'

The owner of a Campcraft Certificate should know how to keep people well whilst in camp and not restrict herself to acquiring the necessary knowledge to enable her to render First Aid in emergencies. Nearly all the Campcraft test has a bearing on the health of the campers. It includes the selection and planning of the site, the care of tents, the knowledge of sanitation and of the necessary cooking and storage of food, as well as health. If you are tested in camp the tester will question you on the planning of the site, and will judge by what she sees of your work in the camp, and the answers and explanations you give her, whether you are putting all the health rules into practice and whether your campcraft is of a sufficiently high standard to keep campers in health. Badly balanced meals, a slovenly store tent, insanitary latrines, may all cause illness, so may wet clothes, leaking tents and damp beds, whilst even such things as insufficient employment or discontent may be contributory causes, so it is important to realize that the whole of your campcraft training is health training.

Over and above all this you have to be able to render First Aid in emergencies which might occur in camp. Of these, the two most important are bleeding and shock, but any of the following are emergencies which occur in camp.

Colds and sore throats, page 172.
Headaches, page 122.
Toothache, page 128.
Abdominal pain, page 122.
Poisons, page 123.
Earache, page 112.
Eye injuries, page 112.
Dirty head, page 166.
Indications of serious illness, page 128.
Injuries necessitating:
(a) carrying injured persons, page 224.
(b) artificial respiration, page 97.

For details required for Campcraft Certificate and Patrol Leader's Permit, see references for Camp First Aid test.

FIRST AID TENT

(Extract from *Campcraft*)

A ridge tent with a door at each end is usually considered the best type for this purpose. If the choice is varied, brown or light green are suggested as the most restful colours, but any tent that is light and airy and gives adequate space is right. It should be situated, if possible, in a quiet corner of the camp, not too far from the latrines, and next to the tent of the Camp First Aider.

A camp bed is sometimes considered an asset. Any Guide who comes to sleep in the First Aid tent will bring her own bedding, though a spare set should always be available. This set should be kept aired and ready for use. Everything in a First Aid tent should be tidy and accessible, and a small attache case with the contents arranged in boxes or compartments is suggested as a suitable and unobtrusive medicine-chest. This also has the advantage of being available for use at all times in any part of the camp, and of doing away with the necessity of unpacking at the beginning and repacking at the end of camp.

Internal and external remedies should be kept apart. Contents should be clearly labelled, and poisons should be avoided as far as possible. Disinfectants should be kept in ribbed hexagonal bottles, so that there may be no danger of their being confused, even in the dark, with medicines for internal use.

A supply of sterile water in a bottle and a thermos of boiled water (hot) should be kept ready at hand. It is not necessary to take large quantities of anything, as stocks can be replenished if they get low. A remedy which can be used for more than one purpose should be taken in preference to one which is of less general use.

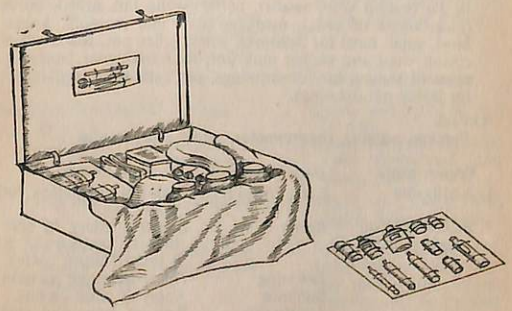
The following list may be of use to new campers:

Hot-water bottle
Methylated stove and pan,
or thermos flask
Bottle for sterile water
Cup
Two enamel bowls
Towel and soap
Pillow
Blankets
Groundsheet
Torch or lantern
Medicine chest complete with remedies, dressings, etc.
(there is no necessity for this to be bigger than a *small* hand-case).

A more elaborately equipped tent suitable for Central First Aid in a Group Camp can contain a packing-case placed on its side and covered with American cloth to form a shelf and table, a camp bed, a camp stool, a jug, basin and bucket, a covered jar or tin of swabs and another of small pieces of lint. An enamel chamber is sometimes of use; or on occasions when it is unwise for a patient to leave the tent a small bucket containing earth and fitted with a wooden seat should be available. If infection of any kind is suspected, this should be emptied into a separate pit and not into the latrines.

Contents of First Aid Outfit

The contents of the medicine-chest will vary with each individual Commandant or Camp First Aider, but the following lists and hints may be useful as a guide. The quantities suggested are for a camp of from twenty to thirty. Campers should be asked not to bring or use medicine of any kind without consulting the Camp First



First Aid Outfit

Aiders unless it is specially prescribed by a doctor. In this case the First Aider will, of course, be informed.

Remedies and Dressings

The following are suggestions for contents of a small attache case. The contents should be covered with either white mackintosh or white cloth (both washable). The contents, such as bottles, etc., should be made firm on cardboard with elastic, as per diagram.

Bottom layer, right-hand corner (all on one card):
Calamine lotion, olive oil, methylated spirit, oil of cloves, borax powder, bicarbonate of soda, washing soda, permanganate of potash, Dettol, T.C.P., Acriflavine.

On top (on card):
Strip dressing, tin Elastoplast bandage, bandages (1 in., 2 in. and 3 in.), adhesive tape, tape.

Bottom layer, left-hand corner:
Medicinal paraffin, castor oil, sal volatile.

On top (on cards):
Epsom salts, cascara, aspirin, cough lozenges.

On top:
Boric ointment and Vick.

Fitted in along front:
Bottle (cotton wool swabs), bottle (white lint strips), bottle (bicarbonate of soda), medicine glass and measure, kidney bowl, small bowl for solutions, small galley pot, spare roll of cotton wool and packet pink lint, four triangular bandages, piece of jaconet for fomentations, piece of white mackintosh for laying out dressings.

On lid:
Forceps, scissors, thermometer, safety pins, needle.

Requirements	*Used in cases of*	*How to use*
1. Acriflavine	Cuts, gravel rash	Soak lint in solution and apply wet.
2. Bicarbonate of soda (¼ lb.)	Burns	Immerse injury in solution (1 teaspoonful to ½ pint of warm water).
	Bee sting	Apply saturated solution.
	Sunburn	Apply as paste on lint.
	Toothache	Rub on gums and pack in tooth.

Requirements	*Used in cases of*	*How to use*
3. Aspirin	Colds	Usual dose, 1-2 tablets.
	Headaches	Usual dose, 1-2 tablets.
	Sore throat	2 tablets dissolved in warm water used as a gargle.
4. Boric ointment	Roughness	Apply externally.
	Chafing	Apply externally.
	Broken blisters	Apply externally.
5. Boric powder (1 oz.)	Sore feet	Apply dry.
	Eye wash	Dissolve in water (1 teaspoonful to 1 pint).
6. Calamine lotion	Sunburn	Dab with cotton wool.
	Eczema	Powder surface, bandage if badly affected.
7. Castor oil	Spark in eye	Drop in eye.
	Poisoning (food or berry)	1 oz. after emetic.
	Diarrhœa	2 minims every 2 hours for 6 hours.
8. Cascara	Aperient	Usual dose, 1 tablet.
9. Dettol	Disinfectant	—
10. Epsom salts (2 ozs.)	Inflammation	Apply saturated solution.
	Sprains	Apply saturated solution.
	Midge bites (preventive and remedy)	Apply saturated solution.
11. Medicinal paraffin	Aperient	1 to 2 tablespoonfuls.
12. Methylated spirit (4 ozs.)	Sprains	Dilute with equal portion of milk.
	Bruises, Bee stings, Blisters	Apply on pad saturated with methylated and water, 1 in 3.
13. Oil of cloves	Toothache	Apply to tooth with cotton wool on match.
14. Permanganate of Potash (Poison, 1 oz.)	Snake bite	Apply direct to wound.
	Wasp sting	Apply strong solution.
		For disinfectant lotion, solution of 1 or 2 grains to ½ pint.

Requirements	*Used in cases of*	*How to use*
15. Salt (¼ lb.)	Eye wash	1 teaspoonful to 1 pint of water. Make double strength and add warm water when used.
	Sore throat	Gargle with solution.
16. Sal volatile	Fainting	In water as directed, ½-1 teaspoonful.
17. T.C.P.	Disinfectant Anti-infection gargle	—
18. Vick	Cold Stiff neck	A little in each nostril. Rub into affected part.
19. Washing soda (¼ lb.)	Wasp sting Midge bites	Apply saturated solution. Apply saturated solution.

Fly Preventives

A 'Sanospray' syringe is excellent for spraying the inside of tents, screening of latrines, etc., where midges or flies are troublesome. The best mixture to use is equal parts of paraffin and creosote.

Midges can also be kept away by using 'Flit' or a midge remedy made as follows: Oil of citronella (2 oz.), camphor (2 oz.), oil of cedar (1 oz.).

'Kephart' gives the following recipe for a 'glaze' which is equally efficacious for black flies, mosquitoes or horse flies (it will not injure the skin): Pine tar (2 oz.), castor oil (3 oz.), oil of pennyroyal (1 oz.). Simmer the tar and castor oil together and when cool add the oil of pennyroyal. Do not add the pennyroyal to the mixture when it is hot or the pennyroyal will evaporate. Bottle and cork tightly.

LIQUID MEASURES

1 drachm...1 teaspoonful
1 oz. ...2 tablespoonfuls

CHAPTER II

GENERAL INFORMATION

SECTION (a)

General information required for all tests in Chapter I

Approach to First Aid (general principles)
Abscess
Asphyxia (respiration, causes of suffocation treatment of suffocation)
Artificial Respiration
Blood (circulation, bleeding—external and internal, methods of arresting bleeding, pressure points)
Bites (midge, bee, wasp, dog, snake, etc.)
Blisters
Boils
Bruises
Burns and Scalds
Choking
Concussion
Cuts
Disinfectant Solutions
Dosages (measure of most usual medicines)
Emetics
Earache
Ear Injuries
Eye Injuries
Fainting
Fingers Jammed in Window
Finger Cut Off
Fits (apoplexy, convulsion, epilepsy, hysteria, heatstroke, sunstroke)
Fractures
Headaches
Heart Attack
Hernia
Indigestion and Biliousness
Indication of Serious Illness
Injuries to Joints
Pains (abdominal, stitch)
Poisons, Treatment of
Rules for Administering Medicines, etc.
Scratches (cat, barbed wire)
Sedatives
Stimulants
Shock
Sprains and Strains
Sunburn
Toothache
Wounds